



Practice management and revenue cycle, in one portal

Every claim, from the visit to the payment, in one place.

RCM Finder gives medical practices and billing companies one portal for the whole revenue cycle: the schedule, the claim, the people who work it and the money it brings in. Each person sees the work that is theirs, and every figure comes from your own claims.

End to end, on one screen



A work queue for every team

Each department opens on its own queue: what is due, what is stuck, who owns it. Notes, calls, tasks and approvals stay on the claim, so nothing lives in a spreadsheet or an inbox.

Denials worked, not just counted

See why claims are denied, fix and resend them as corrected claims, and file appeals with their deadlines tracked. Appeal windows and payer promises flag themselves before they pass.

The money picture, plainly

Revenue, A/R by age, payer speed, underpayments against your contracts, provider and procedure performance, and what the revenue cycle costs against what it brings in.

Your team, measured fairly

Clock-in and timesheets, live activity, department status for managers and a supervisor's view of the team today, all on the practice's own clock, wherever staff work.

Where revenue leaks today

Most practices do not lose money in one big mistake. They lose it in small, quiet gaps between the front desk, the billers, the billing company and the owner. These are the gaps RCM Finder closes.

For medical practices

Denials pile up unworked.

A denied claim waits in a report nobody owns until the appeal window has closed. **RCM Finder: each denial sits in a queue with its reason, its next step and its deadline.**

No view into the billing team's work.

Owners hear "it's being handled" but cannot see what was done, by whom, or when. **Every note, call, task and change is on the claim and in the audit log.**

Front-desk errors become denials weeks later.

Missing authorisations, unchecked insurance and incomplete patient details start at check-in. **Insurance checks, prior auth and referral chasing live on the Schedule.**

Underpayments go unnoticed.

Payers pay below contract and nobody compares. **Load your fee schedules and each underpayment is flagged by payer.**

Reports arrive late and in spreadsheets.

By the time A/R is reviewed, it has aged. **Live A/R by age, payer speed and money at risk, every day.**

For medical billing companies

One login per client, one process per login.

Every practice brings its own system, so the team works in many places at once. **One portal across every practice you serve, with each practice's permission.**

Hard to prove your value.

Clients judge you on a monthly report, not on the work behind it. **Clients can see the work done, denials recovered and A/R reduced.**

Offshore teams on a different clock.

Shifts, deadlines and reports drift when staff and practice sit in different time zones. **Everyone works on the practice's own clock.**

Productivity is guesswork.

Hours worked and claims moved live in separate places. **Clock-ins, timesheets, live activity and claim work side by side.**

Client churn without warning.

A client leaves before anyone noticed the backlog growing. **Department status and backlog per practice, before it becomes a complaint.**

What a practice gains

Claims that move instead of wait, denials appealed inside their window, payments checked against contract, and an owner who can see the whole cycle without asking.

What a billing company gains

One place to work every client, a team measured fairly on one clock, and the work made visible to the clients you need to keep.

The gaps in today's tools

Practices usually stitch together a practice management system, a clearinghouse, a billing company's reports and a spreadsheet. Each does its part; none of them owns the whole cycle.

Where tools fall short	What practices usually get	What RCM Finder does
Denial follow-up	Denials listed in a report; the work happens elsewhere	Denials worked in place: corrected claims, appeals, deadlines, outcomes
Analytics	Dashboards you read, then act on in another system	Every figure links to the claims behind it and to the queue that fixes them
Billing-company transparency	A monthly PDF from the billing company	A shared portal: the practice grants access, sees the work and can end it
Team accountability	Hours in one tool, work in another	Time, activity and claim work together, by department and person
Clearinghouse and texting	Bundled accounts with a markup	Bring your own accounts; RCM Finder only connects them
Who sees what	Everyone sees everything, or nothing	Each level sees its own pages; money and patient details only where the role allows

What makes RCM Finder unique

- 1 One portal, the whole cycle**
Schedule, prior auth, coding, billing, posting, A/R, denials and the money, on one screen.
- 2 Queues, not just reports**
Each department opens on the work that is due, with the next step written out.
- 3 Built for practices and billing companies**
The practice owns its data; billing companies work across practices with permission.
- 4 The practice's clock for everyone**
Onshore or offshore, every shift, deadline and report follows the practice's time zone.
- 5 Money recovered, not only measured**
Underpayments against contract, appeal windows and payer promises flag themselves.
- 6 Privacy by default**
Patient details hidden until needed; every opening timed and logged.
- 7 Specialty-aware pipelines**
Stages and fields that fit your specialty, including DME and procedure-based work.
- 8 Learn it inside the portal**
A guide for every page, shown for each person's role.

See the work, not just the numbers

Screens from the RCM Finder portal, shown with sample data.

portal.rcmfinder.com/dashboard/claims

Claims

134,829 claims · amounts and dates on the practice's calendar (ET)

Upload claims Recycle bin New claim

Work queue Tasks **22 overdue** Approvals Patients Reports

Outstanding A/R
\$499.2K
[See the aging](#)

Past 120 days
3,597
claims · check deadlines

Denied
3,070
top reason: fee schedule

Pending
1,937
\$168.0K awaiting payment

Collected
\$5.6M
of \$28.3M billed

Net collection rate
89.5%
goal 85% or more

My queue Past 120 days — check deadlines **3,597** Denials to work **3,070** Awaiting payment **1,937** Missing payer or charges Unassigned All claims + Save view

Q Claim #, account, CPT — or payer:anthem cpt:99 7D 30D **90D** YTD All Custom Jul 21 – Oct 19, 2026 Status: Denied, Pending x Owner: me x + Filter Group: none v [icon] [icon]

PRIORITY	CLAIM	PAYER	BILLED	PAID	BALANCE	STAGE	STATUS	AGE	NEXT STEP
Critical	EHR-37-000412-2026-05-14-01 May 14, 2026 · 97110 · Dr. Adam Reyes	Aetna	\$180.00	\$0.00	\$142.00	A/R follow-up	Pending	158d	Check Aetna's filing limit Due today
High	EHR-37-000024-2026-09-24-01 Sep 24, 2026 · 99214 · Dr. Adam Reyes	Anthem	\$500.00	\$0.00	\$310.00	Denial management	Denied	25d	Corrected claim: add the NPI Resend by Dec 5
High	EHR-37-000377-2026-07-02-01 Jul 2, 2026 · 99214 · Dr. Lena Ortiz	Cigna	\$500.00	\$212.40	\$97.60	A/R follow-up	Partly paid	109d	Call Cigna — no reply in 30 days Due Oct 20
High	EHR-37-000028-2026-10-07-01 Oct 7, 2026 · no CPT yet	No payer	—	—	—	Scheduling	Pending	12d	Add the payer and charges Cannot be billed until then
Medium	EHR-37-000301-2026-08-11-01 Aug 11, 2026 · 99213 · Dr. Sam Patel	Medicare Part B	\$220.00	\$0.00	\$134.10	Appeal	Appeal sent	69d	Await the payer's decision Follow up Nov 2

The claims work queue. Money owed, claims past 120 days and denials at the top; below, every claim with its priority, its stage and the next step written out, ready to work alone or in bulk.

portal.rcmfinder.com/dashboard/schedule

Schedule

Work < Today > Monday, Oct 19 All doctors Book a visit

Day Month Online requests **3** Waiting on referrals and records Insights

Booked today
38

Arrived
12

Running late
2

No-shows
2

Tomorrow, not confirmed
6

Free time left
2h 30m

Dr. Adam Reyes 14 visits · 1 free hour	Dr. Lena Ortiz 12 visits · full	Dr. Sam Patel starts at 10:00
8:00 [Patient name]	[Patient name] Procedure	
9:00 [Patient name] New patient · Aetna	[Patient name] Procedure	
10:00 [Patient name]	[Patient name] · arrived 10:02	[Patient name] Running late
[Patient name] · No-show	[Patient name] Workers' comp	[Patient name]
12:30 [Patient name] 64615 · auth needed		
1:00 [Patient name]	[Patient name]	[Patient name]

Visit details **Confirmed**

[Patient name]
12:30–1:30 · Dr. Adam Reyes

Visit Nerve block 64615

Who pays Aetna

Insurance check **Verified Oct 17**

Authorization **Needed, not on file**

Referring doctor [Doctor name]

Patient may owe \$40.00 copay

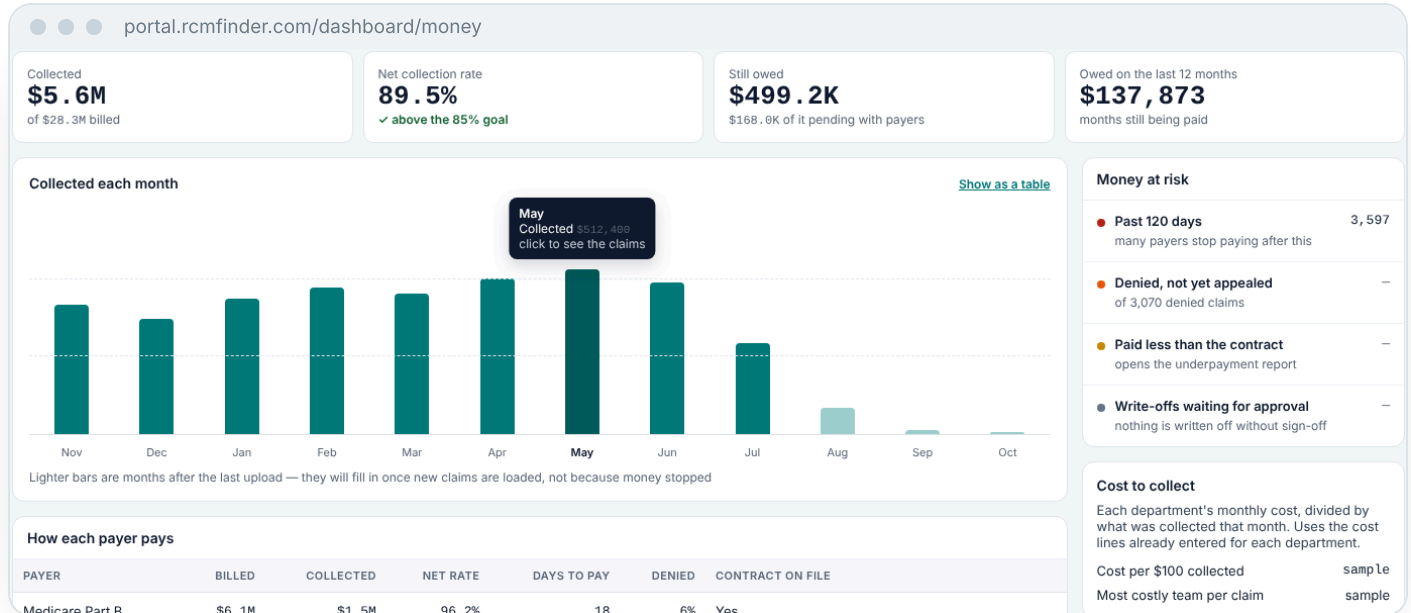
Aetna has denied 64615 without an auth 14 times in 60 days. Get the auth before the visit, or move it.

Mark arrived Ask prior auth

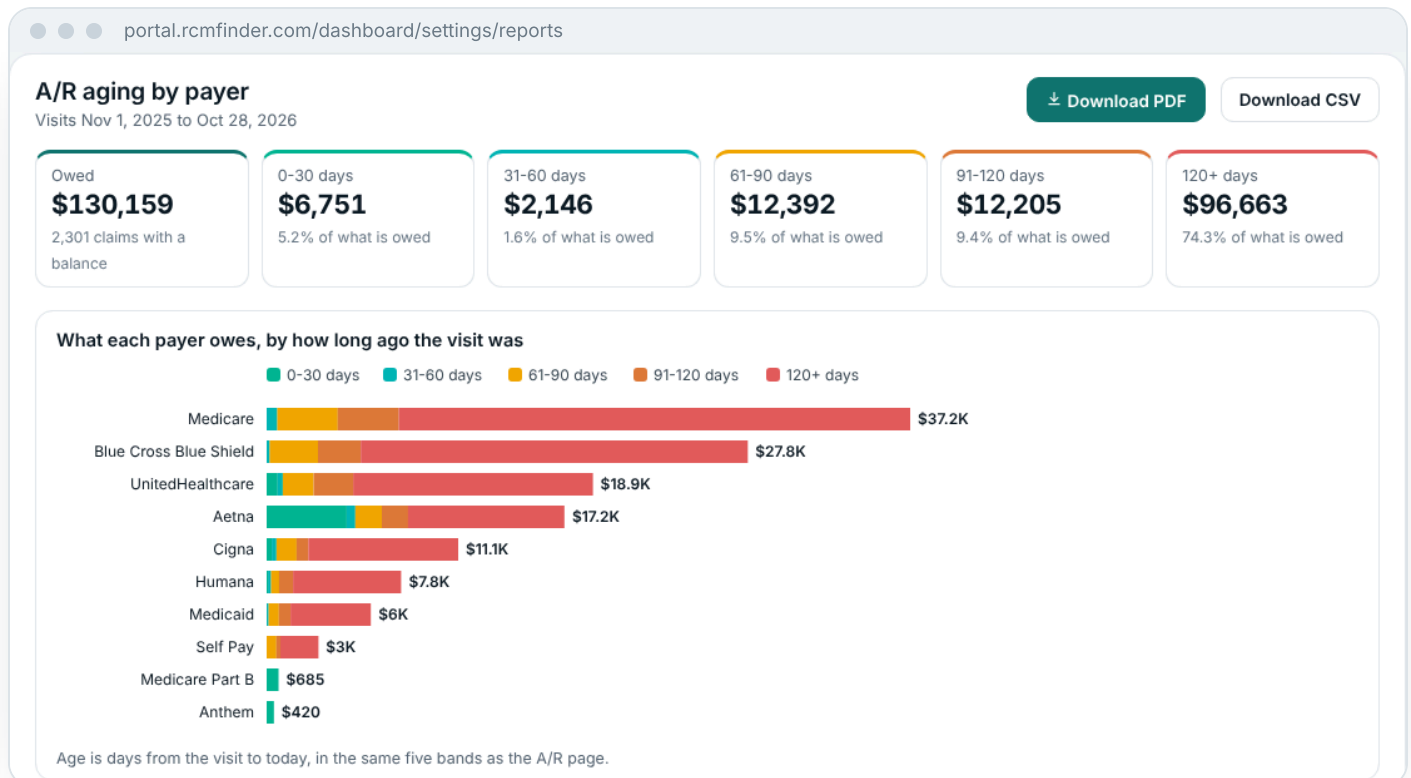
The Schedule, where denials are prevented. Insurance checked, authorisation flagged before the visit, and a warning when a payer has denied the same service without an auth.

Charts that lead to the claims behind them

Every bar, row and figure opens the claims it counts. Reports run with one click, download as PDF or CSV, and can be emailed on a schedule.



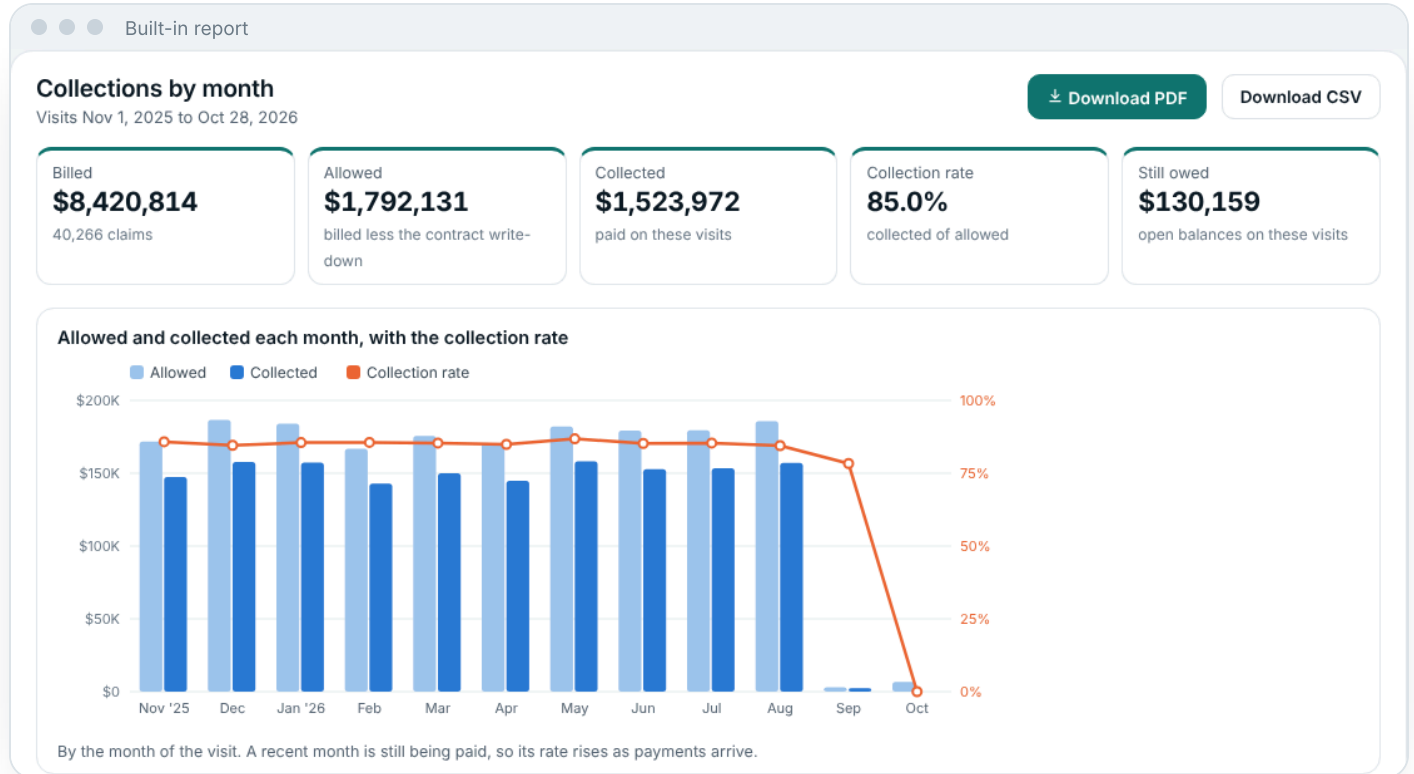
Money, for owners and managers. Collected, net collection rate and what is still owed; each month's collections; how each payer pays; and the money at risk, worked from the top.



A/R aging by payer. What each payer still owes, split by how long ago the visit was, so the oldest money is worked first.

Reports ready on day one

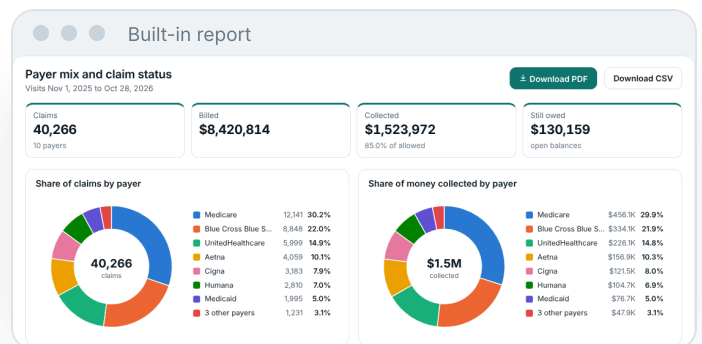
Four built-in reports run with one click for any period, show totals only (no patient details), download as PDF or CSV, and can be emailed to your team on a schedule. Open the claims behind any bar or row, and build and save your own claim reports beside them. Every save, send and download is recorded in the audit log.



Collections by month. Billed, allowed and collected by visit month, with the collection rate.



Denials by reason and payer. Why claims were denied, what each needs next, and which payers deny most.



Payer mix and claim status. Each payer's share of claims and money, and where every claim stands.

Built for each role in the practice

The menu fits the person. Staff work their claims; supervisors run their team; managers and owners see the money. Nobody wades through screens that are not theirs.

Owners and practice managers

- Department status at a glance
- Money at risk, worked top to bottom
- Recovery and ROI per department
- Plan, team, roles and settings in one place

Supervisors and team leads

- My team today: who holds what
- Approvals and timesheets
- Quality audits by department
- Live activity, working or idle

Billers, coders and front desk

- A queue that says the next step
- Bulk actions on many claims
- The patient file, visits and documents
- A built-in guide for every page

What you get on day one

- Upload your claims file (CSV) and the whole portal fills in
- Schedule with online booking, reminders and insurance checks, using your own texting and clearinghouse accounts
- Claims tracker with saved views, tasks and approvals
- Dashboard with insights written for your role
- Scheduled reports by email and exports back to your EHR
- Billing companies: one portal across every practice they serve, with each practice's permission

Control and privacy

- Patient details hidden by default; opening them is timed and logged
- Two-step sign-in, with recovery codes
- Roles and permissions you set yourself
- A full audit log of who did what, and when
- Each practice's data kept separate from every other
- A Business Associate Agreement (BAA) signed with your practice when you join

1

Sign up

Create your practice at portal.rcmfinder.com/signup.

2

Upload your claims

Export the last 12 months from your billing system and drop the file in.

3

Invite your team

Each person gets the role and department that fit their work.

One portal. Every claim. Every team.

Questions? Call **+1 (302) 556-2288**, email hello@rcmfinder.com, visit rcmfinder.com, or once you are in, open Help > Support or Help > Portal guide.