IDEAL TECH STAFFING

COMPANY OVERVIEW

MEDICALLY-FOCUSED BPO STAFFING SERVICES

LAST REVISED: APRIL 2025

MISSION.
PRIORITIES.
VALUES.

The **MISSION** of Ideal Tech Staffing (ITS) is to offer businesses, medical practices, and healthcare providers with a completely personalized, intuitive solution to their staffing and workflow needs.

The **PRIORITIES** of Ideal Tech Staffing (ITS) are to:

- Match businesses/practices with remote support specialists who are able to enhance office efficiency
- Optimize workflows through task delegation to qualified administrative and clinical support staff
- Uphold the highest standards of remote support and white-glove customer service practices
- Protect business/practice data by enforcing stringent privacy protocols and compliance standards
- Collaborate with businesses/practices to continually innovate business operations and staffing efficiencies

The **CORE VALUES** of Ideal Tech Staffing (ITS) are:

- Rigorous obedience to ethical standards of business and medicine
- Respect for the dignity of all customers and patients served
- Incredible attention to detail and focus on meticulous tasks that require a certain degree of specialization

INSIDE THE GUIDE

GENERAL INFORMATION

ABOUT US

WHO WE ARE

Ideal Tech Staffing is a medically focused Business Process Outsourcing (BPO) company, founded by a team of board-certified American physicians. With deep roots in private practice, we bring firsthand clinical insight and unmatched expertise to every partnership—offering staffing solutions that meet the highest standards of medical specialization and operational excellence.

WHERE WE STARTED

Ideal Tech Staffing was founded in 2016 by Yale Assistant Professor of Medicine, Dr. Fausto Petruzziello, with a clear vision: to enhance medical office workflows both nationally and globally. What began in his own private practice in North Haven, Connecticut has since grown into a multi-state, international leader in medical staffing excellence.

When practices and providers choose Ideal Tech Staffing, they're embracing a smarter, more synergistic approach to staffing. Our clinical and administrative support professionals are meticulously trained and closely supervised, working in harmony with your team to ensure remote operations consistently perform at the highest level.

REPORTING IN-OFFICE

A key differentiator that sets Ideal Tech Staffing apart from other BPO companies is our unwavering commitment to maintaining brick-and-mortar offices. Unlike typical remote staffing models, all of our support staff operate from our high-end, fully equipped facilities. While your selected team members may work remotely from your practice, they are never working alone—they're under one roof, using company-approved, secure technology, and supported by on-site supervisors and leadership. This structure ensures accountability, consistency, and a higher standard of care in every task performed.

EXPERTISE & EXPERIENCE

What truly sets Ideal Tech Staffing apart is our unwavering commitment to continuous, hands-on development. Every member of our remote staff receives personalized 1:1 training and supervision directly from our team of licensed American healthcare providers and administrative specialists.

Unlike traditional medical staffing companies, we maintain a uniquely integrated model—our in-house physicians, nurses, and clinical professionals are actively involved in day-to-day operations.

POSITION
OVERVIEWS

CLINICAL COORDINATOR (REMOTE NURSE)

ROLE DESCRIPTION

The Remote Clinical Coordinator plays a vital role in delivering high-quality, patient-centered virtual care. Operating as an extension of the in-office clinical team, this position ensures seamless communication between patients, healthcare providers, and medical facilities. Clinical Coordinators are fully trained and certified nurses with the skills and experience to perform key functions traditionally handled onsite. These professionals are responsible for managing clinical workflows, supporting patient care coordination, and facilitating timely follow-up.

KEY RESPONSIBILITIES OF A CLINICAL COORDINATOR INCLUDE:

- **CLINICAL & HOSPITAL LINE MANAGEMENT |** Efficiently manages clinical and hospital lines, addressing patient inquiries and facilitating communication between patients and healthcare providers.
- **CPE & OFFICE VISIT PRE-VISIT COORDINATION |** Conducts thorough pre-visit preparations for CPE and office visits, ensuring all necessary information and documentation are in place for efficient patient care.
- **REMINDER CALLS |** Makes reminder calls five days before office visits to ensure patients complete necessary lab work. This proactive approach helps maintain a smooth workflow and patient readiness.
- **LAB TRANSCRIPTION & RECONCILIATION |** Transcribes and reconciles lab results to ensure they are ready for provider review and discussion with patients. This process ensures accurate and timely patient care.
- **RESULTS COMMUNICATION |** Relays lab and imaging results to patients, communicates provider responses, and facilitates any necessary follow-up actions.
- **REFERRAL MANAGEMENT |** Sends referrals per provider's requests, ensuring patients receive recommended specialist care or further diagnostic evaluations.
- **HOSPITAL DISCHARGE FOLLOW-UP |** Conducts follow-up communications with patients discharged from the hospital to ensure they understand their post-discharge care plan and have necessary resources.

ELIGIBILITY CHECKER

ROLE DESCRIPTION

The Eligibility Checker is responsible for verifying patients' insurance coverage to ensure accurate billing and seamless access to care. This role involves confirming benefits, identifying coverage limitations, and communicating relevant information to both patients and clinical staff. Eligibility Checkers play a critical role in supporting the revenue cycle by reducing claim denials and ensuring all services rendered are covered appropriately.

KEY RESPONSIBILITIES OF AN ELIGIBILITY CHECKER INCLUDE:

- **INSURANCE VERIFICATION |** Confirms insurance benefits and eligibility for clients, ensuring all coverage details, such as deductibles, copayments, and necessary authorizations, are accurately documented.
- **COVERAGE ANALYSIS |** Conducts comprehensive checks on client insurance plans to understand the full scope of coverage, including any changes or updates that may affect billing and claims.
- **BILLING & CLAIMS ASSISTANCE |** Supports the billing process by ensuring claims are accurate and comply with insurance guidelines. Helps prevent denials through precise documentation and proactive issue resolution.
- **COMMUNICATION & ISSUE RESOLUTION |** Acts as the primary liaison between insurance companies and clients to communicate and resolve billing issues, claim denials, or discrepancies efficiently.
- **RECORD MAINTENANCE |** Keeps meticulous records of all insurance-related activities, ensuring that documentation is complete and accessible for internal audits and client inquiries.

MEDICAL RECORDS SPECIALIST (FAX INBOX)

ROLE DESCRIPTION

The Medical Records Specialist plays a vital role in the accurate management of medical documentation within your preferred Electronic Medical Records (EMR) system. With exceptional attention to detail and organizational skills, this team member is responsible for reviewing, categorizing, and processing incoming faxed documents to ensure they are properly integrated into patient charts.

KEY RESPONSIBILITIES OF A MEDICAL RECORDS SPECIALIST INCLUDE:

- **DOCUMENT IDENTIFICATION |** Monitors and identifies fax documents received within the EMR system, ensuring each document is processed promptly and accurately.
- **CHART ATTACHMENT |** Attaches received fax documents to the corresponding patient charts, maintaining organization and accuracy to support effective patient care.
- **STAFF ASSIGNMENT |** Assigns documents to the appropriate medical staff responsible for reviewing, printing, and signing. Ensures that documents are directed to the correct personnel without delay.

MEDICAL BILLER

ROLE DESCRIPTION

The Medical Biller is responsible for supporting the full spectrum of the patient billing process—from generating and submitting accurate claims to facilitating timely reimbursements. This role requires a keen eye for detail, a strong understanding of billing codes and insurance procedures, and effective communication skills for interacting with both patients and payers.

KEY RESPONSIBILITIES OF A MEDICAL BILLER INCLUDE:

- **CLAIMS PROCESSING |** Efficiently processes medical claims to ensure timely submission and payment. This includes verifying insurance coverage and ensuring all necessary documentation is attached.
- **DENIED CLAIMS REVIEW |** Scrutinizes denied claims and makes necessary corrections to facilitate reimbursement. This requires a keen eye for detail and an understanding of insurance protocols.
- **ACCOUNT REVIEW & PATIENT COMMUNICATION |** Regularly reviews ICC accounts to identify outstanding balances. Contacts patients to discuss their balances and offer clear explanations of their billing statements.
- **PAYMENT HANDLING |** Accepts payments over the phone and guides patients through the process of making payments online, catering to those who prefer digital transactions.
- **INSURANCE COORDINATION |** Liaises with insurance companies to address claim denials and discrepancies. This involves understanding policy details and effectively negotiating resolutions.
- **PATIENT ASSISTANCE |** Assists patients in comprehending their billing statements and resolving any confusion about past appointments or charges. Provides compassionate and clear guidance to enhance patient satisfaction.

REMOTE RECEPTIONIST (CSR)

ROLE DESCRIPTION

The Remote Receptionist, or Customer Service Representative (CSR), plays a vital role in providing exceptional support to both patients and healthcare providers. This position requires clear communication, effective problem-solving skills, and a compassionate approach to addressing patient needs.

KEY RESPONSIBILITIES OF A PATIENT ADVOCATE INCLUDE:

- **INBOUND CALL MANAGEMENT |** Handles a high volume of inbound calls from patients/customers and health providers, ensuring each interaction is managed professionally and carefully.
- **APPOINTMENT & SERVICE COORDINATION |** Assists patients/customers with scheduling doctor's appointments, coordinating medicine replenishments, and navigating health insurance claims. Provides clear and accurate information to facilitate smooth service delivery.
- **CUSTOMER SATISFACTION FOCUS |** Strives to make patient/customer satisfaction the primary goal of each interaction. Ensures patients/customers feel valued and heard by addressing their concerns promptly and effectively.
- **PROBLEM-SOLVING & RESOLUTION |** Utilizes strong problem-solving skills to resolve patient/customer issues, working diligently to find solutions that meet their needs and enhance their healthcare experience.
- **EMPATHETIC COMMUNICATION |** Employs empathy in all communications to build patient/customer trust and rapport. Ensures that patients/customers feel supported and reassured throughout their interactions.
- **DOCUMENTATION & REPORTING |** Maintains accurate records of patient/customer interactions, capturing essential details for future reference and ensuring compliance with company policies.

PRIOR AUTHORIZATION SPECIALIST

ROLE DESCRIPTION

The Prior Authorization Specialist plays a critical role in ensuring that patients receive timely access to necessary medications and imaging services. This position involves efficiently managing the prior authorization process and working closely with healthcare providers, insurance companies, and pharmacies to secure approvals for treatments and procedures.

KEY RESPONSIBILITIES OF A PRIOR AUTHORIZATION SPECIALIST INCLUDE:

- **PRESCRIPTION PRIOR AUTHORIZATION |** Handles prescription prior authorizations by coordinating with pharmacies and insurance companies. Ensures all necessary documentation is completed to streamline medication access for patients and minimize delays.
- **IMAGING PRIOR AUTHORIZATIONS |** Manages the prior authorization process for imaging orders, working closely with insurance companies to secure timely approvals. This involves verifying patient eligibility and ensuring compliance with insurance policies.
- **COORDINATION & COMMUNICATION |** Serves as a liaison between healthcare providers, pharmacies, and insurance companies. Maintains clear and effective communication to facilitate smooth authorization processes and address any issues promptly.
- **DOCUMENTATION & RECORD-KEEPING |** Maintains accurate records of all prior authorization requests and approvals. Ensures all documentation is thorough and up-to-date to support efficient workflow and compliance with regulations.
- **PROBLEM SOLVING |** Proactively identifies and resolves issues related to prior authorizations, such as discrepancies in insurance coverage or documentation errors. Uses critical thinking skills to navigate complex authorization scenarios effectively.
- **EFFICIENCY & ORGANIZATION |** Prioritizes tasks to manage multiple authorization requests simultaneously. Implements best practices to enhance workflow efficiency and reduce turnaround times for authorization approvals.

LICENSED REMOTE MEDICAL DOCTOR

ROLE DESCRIPTION

Our Remote Medical Doctors are board-certified and licensed, providing your physicians with direct, dedicated assistance with clinical tasks that can only be performed by a qualified counterpart. Our Remote Medical Doctors collaborate seamlessly to prepare patient charts, update notes, and handle all pre- and post-visit tasks, allowing your physicians to focus on what they do best—providing exceptional patient care.

KEY RESPONSIBILITIES OF A REMOTE MEDICAL DOCTOR INCLUDE:

- **PRE-VISIT PLANNING |** Reviews patient charts prior to appointments, including notes from previous visits and any interim care provided by other physicians. Ensures all records are updated, accurate, and comprehensive before the physician sees the patient.
- **CHART UPDATES |** Handles the daily administrative tasks that come with maintaining electronic health records (EHR), including reviewing and updating notes, ensuring accuracy, and attaching necessary documentation like lab results or imaging studies.
- **COMMUNICATION & COORDINATION |** Ensures that lab results, X-rays, and other test results are sent to the physician's office or made available through the patient portal, streamlining communication between physicians, patients, and external labs or specialists.
- **TASK MANAGEMENT |** Stays on top of patients' needs by notifying physicians of upcoming or due services, so they are fully prepared to focus on prescribing and conducting appointments.

REFERRAL COORDINATOR

ROLE DESCRIPTION

The role of a Clinical Coordinator is to provide comprehensive virtual care and support to patients, ensuring smooth and efficient communication between patients, healthcare providers, and medical facilities. Clinical Coordinators are fully trained and certified to perform essential functions traditionally handled by in-house clinical staff.

KEY RESPONSIBILITIES OF A CLINICAL COORDINATOR INCLUDE:

- **CLINICAL & HOSPITAL LINE MANAGEMENT** | Efficiently manages clinical and hospital lines, addressing patient inquiries and facilitating communication between patients and healthcare providers.
- **CPE & OFFICE VISIT PRE-VISIT COORDINATION** | Conducts thorough pre-visit preparations for CPE and office visits, ensuring all necessary information and documentation are in place for efficient patient care.
- **REMINDER CALLS** | Makes reminder calls five days before office visits to ensure patients complete necessary lab work. This proactive approach helps maintain a smooth workflow and patient readiness.
- **LAB TRANSCRIPTION & RECONCILIATION** | Transcribes and reconciles lab results to ensure they are ready for provider review and discussion with patients. This process ensures accurate and timely patient care.
- **RESULTS COMMUNICATION** | Relays lab and imaging results to patients, communicates provider responses, and facilitates any necessary follow-up actions.
- **REFERRAL MANAGEMENT** | Sends referrals per provider's requests, ensuring patients receive recommended specialist care or further diagnostic evaluations.
- **HOSPITAL DISCHARGE FOLLOW-UP** | Conducts follow-up communications with patients discharged from the hospital to ensure they understand their post-discharge care plan and have necessary resources.

MEDICAL CODER

ROLE DESCRIPTION

The role of a Medical Coder is to provide effective health information management, providing expert services in assigning and sequencing medical codes remotely. At Ideal Tech Staffing, our Virtual Medical Coders are certified coding specialists with extensive experience in analyzing medical records, performing chart audits, and collaborating with billing departments to optimize operations.

KEY RESPONSIBILITIES OF A MEDICAL CODER INCLUDE:

- **MEDICAL CODING & SEQUENCING |** Assigns and sequences accurate medical codes for all services rendered, ensuring compliance with current coding standards and guidelines.
- **MEDICAL RECORD ANALYSIS |** Reviews and analyzes patient records to extract relevant information and ensure coding accuracy. Identifies discrepancies or missing information and works to clarify details promptly.
- **CHART AUDITS & QUALITY ASSURANCE |** Performs detailed chart audits to maintain data integrity, accuracy, and compliance with healthcare regulations. Ensures documents are grammatically correct, free of errors, and aligned with required standards.
- **BILLING DEPARTMENT COLLABORATION |** Partners with the billing department to ensure all bills are processed promptly and accurately. Facilitates resolution of any issues that may arise during the billing process.
- **DATA VALIDATION & DOCUMENTATION |** Examines patient records to verify completeness and accuracy, addressing missing or unclear data proactively to maintain high-quality documentation standards.
- **ATTENTION TO DETAIL |** Goes above and beyond to ensure all medical records, codes, and supporting documentation are precise, error-free, and optimized for effective billing and patient care.