

ClaimsRevenue™ Addresses the Challenge of Medical Claim Denials for Independent Healthcare Practices

New claims technology focuses on helping smaller medical and allied health practices identify potential problems before professional claims reach the payer

ST PETERSBURG, FL, UNITED STATES, August 25, 2026 /EINPresswire.com/ -- ClaimsRevenue™ is preparing to launch a new healthcare claims technology platform designed to help independent healthcare practices navigate the increasingly complicated process of getting paid for the care they provide.

Medical claims must navigate coding requirements, payer rules, patient coverage, provider information, claim formatting, and numerous other requirements before a practice receives payment. For smaller practices, managing that complexity can consume valuable time and resources that could otherwise be focused on patients and the practice itself.

ClaimsRevenue was built to help smaller healthcare practices identify potential claim problems earlier in the revenue cycle and make better use of the information they already receive from payers.

“Small practices have to work within essentially the same complicated medical billing system as much larger healthcare organizations, but they don't have the same resources,” said Sami Quazi, Founder of ClaimsRevenue. “A physician practice or therapy practice may have a very small administrative team handling claims, denials, payer requirements, and everything else involved in getting paid. We saw an opportunity to give those practices better tools.”

Finding Problems Before the Claim Reaches the Payer



The graphic is a promotional announcement for ClaimsRevenue. At the top left is the ClaimsRevenue logo, which includes a blue bar chart icon with an upward arrow and the text 'ClaimsRevenue™'. Below the logo is a portrait of Sami Quazi, the founder and chairman, a man with a beard and mustache wearing a black turtleneck. To the right of the portrait, the text reads 'I'M PROUD TO ANNOUNCE I FOUNDED CLAIMSREVENUE™'. Below this, a smaller line of text states: 'After spending three years developing and refining claims accuracy technology and processes at MoodRx—and achieving a denial rate under 0.5%—I founded ClaimsRevenue™ to bring that same expertise to other healthcare practices.' A calendar icon is next to the text 'PUBLIC LAUNCH SEPTEMBER 1, 2026'. Below the portrait and launch date, there are five icons with corresponding text: a shield for 'CATCH CLAIM ISSUES BEFORE SUBMISSION', a magnifying glass for 'UNCOVER DENIAL TRENDS & PAYER BEHAVIOR', a brain for 'LEARN FROM YOUR OWN DATA TO IMPROVE FUTURE ACCURACY', a clock for 'SPEND LESS TIME ON BILLING & MORE ON PATIENTS', and a group of people for 'BUILT FOR INDEPENDENT HEALTHCARE PRACTICES'. At the bottom left, a small bar chart icon is next to the text 'THREE YEARS. REAL RESULTS. NOW WE'RE BRINGING WHAT WE LEARNED TO YOU.' At the bottom right, a shield icon is next to the text 'YOUR PRACTICE EARNED THE REVENUE. PROTECT IT.'



ClaimsRevenue makes medical claims easier to navigate, much like tax software made a complicated tax code manageable for millions of small businesses.”

Sami Quazi, Founder

One of the fundamental challenges with [medical claim denials](#) is timing.

When a problem is discovered after a claim has already been submitted, the practice may need to research the denial, determine what went wrong, correct the claim, resubmit it, and wait again for the payer to process it.

ClaimsRevenue approaches the problem from both sides of the claim.

Its Claims Validator™ reviews professional claims before submission and identifies potential errors, inconsistencies, and other issues that may contribute to a denial or delay.

Its ERA Analyzer™ examines the electronic remittance advice received after claims are processed, helping practices understand denials, adjustments, and recurring patterns in payer responses.

The goal is not simply to understand why a claim was denied. It is to use what happened to previous claims to help improve future ones.

“Every ERA contains information about what happened after a payer received a claim,” Quazi said. “If a practice keeps encountering the same issue, that history should be useful when the next claim is being prepared. That’s one of the problems we wanted ClaimsRevenue to address.”

Medical Billing Is Complicated. The Tools Don't Have to Be.

Medical billing involves thousands of procedure and diagnosis codes, payer requirements, claim edits, reimbursement rules, and standardized electronic transactions. Smaller practices have to navigate those requirements while also running their businesses and caring for patients.

ClaimsRevenue was built around a familiar idea: complicated rules can be made easier to navigate with the right software.

“Tax software didn’t make the tax code simpler,” Quazi said. “What it did was help millions of individuals and small businesses work through that complexity without having to become tax experts. We look at medical claims in much the same way. We can’t change the medical billing system, but we can build tools that make it easier for smaller healthcare practices to work through it.”

Designed for Medical and Allied Health Practices

ClaimsRevenue is designed for U.S. healthcare provider offices that submit professional medical claims using the CMS-1500/837P format, including:

- Primary care practices
- Physician specialty practices
- Medical and surgical practices
- Behavioral health and mental health practices
- Physical therapy practices
- Occupational therapy practices
- Other physician and allied health professional practices

The platform is designed to support both smaller individual practices and multi-provider organizations, including practices operating multiple billing entities or tax identification numbers.

ClaimsRevenue focuses on professional claims and the information practices receive back from payers, connecting pre-submission claim validation with post-adjudication ERA analysis.

As more claims are processed and additional ERA history becomes available, the practice's own experience can provide additional insight into recurring denial patterns and claim issues.

"For a small practice, getting a claim right the first time matters," Quazi said. "They've already provided the care. They've already earned the revenue. Our job is to help them protect it."

ClaimsRevenue will officially launch to U.S. healthcare practices on September 1, 2026.

More information is available at ClaimsRevenue.com.

About ClaimsRevenue

ClaimsRevenue is a healthcare technology platform built for independent medical and allied health practices. ClaimsRevenue helps practices validate professional medical claims, analyze electronic remittance advice, and identify patterns that may contribute to claim denials, payment delays, and lost revenue.

By connecting claim validation with the results practices receive back from payers, ClaimsRevenue helps healthcare provider offices use their own claims experience to improve future revenue-cycle performance.

ClaimsRevenue is operated by MoodRx LLC, d/b/a ClaimsRevenue, a Florida limited liability company.

Public Relations

ClaimsRevenue

[email us here](#)

Visit us on social media:

[LinkedIn](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/936954407>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

© 1995-2026 Newsmatics Inc. All Right Reserved.