

ClaimsRevenue™ Announces September 1 Launch of New Claims Revenue Platform for Independent Healthcare Practices

New platform helps physician & allied health practices identify claim problems before submission and learn from previous payer denials to improve future claims

ST PETERSBURG, FL, UNITED STATES, August 26, 2026 /EINPresswire.com/ -- ClaimsRevenue™ today announced that its new healthcare claims revenue platform will officially launch September 1, giving independent medical and allied health practices a new way to identify claim problems before submission, analyze payer responses, and use their own historical remittance data to help reduce future denials.



The graphic features the ClaimsRevenue logo at the top left. Below it is a photo of Sami Quazi, Founder & Chairman of ClaimsRevenue. To the right of the photo, the text reads: "I'M PROUD TO ANNOUNCE I FOUNDED CLAIMSREVENUE™". Below this, a quote 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 indicates the "PUBLIC LAUNCH SEPTEMBER 1, 2026". Below the photo, a list of five benefits is shown with icons: "CATCH CLAIM ISSUES BEFORE SUBMISSION", "UNCOVER DENIAL TRENDS & PAYER BEHAVIOR", "LEARN FROM YOUR OWN DATA TO IMPROVE FUTURE ACCURACY", "SPEND LESS TIME ON BILLING & MORE ON PATIENTS", and "BUILT FOR INDEPENDENT HEALTHCARE PRACTICES". At the bottom left, it says "THREE YEARS. REAL RESULTS. NOW WE'RE BRINGING WHAT WE LEARNED TO YOU." and at the bottom right, "YOUR PRACTICE EARNED THE REVENUE. PROTECT IT."

ClaimsRevenue was built specifically for healthcare provider offices that want greater control over their revenue cycle without having to build a large billing or revenue cycle operation.

"Medical billing is complicated. We can't change the rules, the thousands of codes, or the requirements that practices have to navigate every day," said Sami Quazi, Founder of ClaimsRevenue. "But we can make it much easier to work through them. Tax software didn't simplify the tax code. It made a very complicated tax code much easier for millions of people to navigate. That's the idea behind ClaimsRevenue. We want to do something similar for medical claims, particularly for smaller practices that don't have the resources of a large health system."

Connecting What Happens Before and After a Claim

At the center of ClaimsRevenue are two complementary capabilities: Claims Validator™ and ERA Analyzer™.

Claims Validator reviews professional claims before submission and looks for potential errors,



Our parent company used the same concepts behind ClaimsRevenue to lower our own claim denial rate to approximately 0.5%. Now we want to help other practices do the same."

Sami Quazi, Founder

inconsistencies, and other issues that could result in a denial, delay, or lost revenue. It also helps practices accurately complete the information required for professional claims using the CMS-1500/837P claim format.

ERA Analyzer looks at what happens after the payer processes the claim. It analyzes electronic remittance advice to help practices understand denials, adjustments, and recurring payer patterns.

The important part is what happens when those two capabilities work together.

As a practice receives more ERAs, ClaimsRevenue develops a better understanding of the practice's own claim history. It can identify patterns in what has been paid, adjusted, or denied and use that history to provide better insight when future claims are reviewed.

"A lot of valuable information comes back to a practice every time a payer processes a claim," Quazi said. "We want to make sure that information doesn't just sit in an ERA and get forgotten. If we can understand why claims were denied in the past and use that information while reviewing the next claim, the system becomes more useful to that practice over time."

Built for Independent Healthcare Practices

ClaimsRevenue is designed for U.S. healthcare provider offices submitting professional claims, including:

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

The platform supports practices with multiple providers as well as organizations operating multiple billing entities or tax identification numbers within a single account.

ClaimsRevenue does not replace clinical judgment or payer requirements. It gives practices another set of eyes on their claims and a better way to use the information they are already receiving from payers.

Making a Complicated Process Easier to Navigate

The rules behind medical claims are not going to suddenly become simple. Practices still have to deal with coding requirements, payer rules, claim formats, edits, adjustments, denials, and changing reimbursement requirements.

The opportunity is to make all of that easier to navigate.

“The tax code didn't become simple when tax software came along,” Quazi said. “The software simply made it possible for individuals and small businesses to work through that complexity without having to become tax experts themselves. That's how we think about ClaimsRevenue. We can't change the medical billing system, but we can give smaller healthcare practices better tools to navigate it.”

That philosophy is reflected in a simple principle behind the company:

Your practice earned the revenue. Protect it.

ClaimsRevenue will become commercially available to U.S. healthcare practices on September 1, 2026.

Additional product information and launch updates are available at ClaimsRevenue.com.

About ClaimsRevenue

ClaimsRevenue is a healthcare technology platform built for independent medical and allied health practices. The platform helps practices validate professional claims before submission, analyze electronic remittance advice, and identify patterns that may contribute to denials and lost revenue. By connecting claim validation with the results practices receive back from payers, ClaimsRevenue helps practices use their own claims experience to make better decisions on future claims.

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

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