ClaimsRevenue™ Brings Advanced Claims Technology to Independent Medical Practices

New healthcare claims platform gives smaller physician and allied health practices tools to validate claims, analyze denials, and protect revenue

ST PETERSBURG, FL, UNITED STATES, August 28, 2026 /EINPresswire.com/ -- Independent healthcare practices face many of the same medical billing requirements as large healthcare organizations, but often have to manage them with a fraction of the staff and resources.

ClaimsRevenue™, a new healthcare claims technology platform launching September 1, was built specifically with those smaller practices in mind.

The platform helps healthcare provider offices review professional medical claims before submission, understand what happens after payers process those claims, and use their own claims history to identify recurring problems that may contribute to future denials.

> Medical billing doesn't get easier because a practice is small. ClaimsRevenue gives independent practices better tools to navigate that complexity and protect their revenue."
>
> *Sami Quazi, Founder*

"Large healthcare organizations can have entire departments dedicated to coding, billing, revenue cycle, analytics, and denials," said Sami Quazi, Founder of ClaimsRevenue. "A smaller practice may have only a few people handling all of that while also scheduling patients, answering phones, verifying insurance, and keeping the practice running. We built ClaimsRevenue to give those practices better tools."

The Same Complicated Billing System, With Fewer Resources

Medical billing does not become simpler because a practice is small.

Independent physician and allied health practices still have to navigate procedure and diagnosis codes, payer requirements, claim formatting, provider information, coverage rules, reimbursement policies, and electronic transactions.

When a claim is denied, someone at the practice has to determine what happened.

That may involve reviewing the claim, interpreting payer adjustment and remark codes, researching the problem, correcting information, resubmitting the claim, and waiting again for payment.

For a large healthcare organization, that work may be distributed among specialized teams.

In a smaller practice, it may fall to the same staff members responsible for many other parts of the business.

ClaimsRevenue was designed to help close some of that resource gap through technology.

Reviewing Claims Before They Go Out the Door

Claims Validator™ reviews professional medical claims before submission and looks for potential errors, inconsistencies, missing information, and other issues that may contribute to denials or payment delays.

The objective is simple: identify more potential problems while the practice still has an opportunity to address them before the claim reaches the payer.

ClaimsRevenue supports professional medical claims using the CMS-1500/837P claim format and helps practices work through the information required to prepare those claims accurately.

“Once a claim is denied, the practice is already playing defense,” Quazi said. “The care has been provided, the claim has gone out, and now somebody has to spend time figuring out what happened. Whenever possible, we want to help the practice find the problem earlier.”

Understanding What Comes Back From the Payer

ClaimsRevenue also helps practices understand what happens after claims are processed.

ERA Analyzer™ examines Electronic Remittance Advice information and helps identify denials, adjustments, and recurring patterns in payer responses.

ClaimsRevenue then connects that information with future claim validation.

As a practice receives more ERAs, its own claims history can provide additional insight into the types of issues it encounters most often. ClaimsRevenue can use those patterns to make future claim reviews more relevant to that particular practice.

Instead of treating a denial as an isolated event, the practice can use it as information.

Technology That Makes Complexity Easier to Navigate

ClaimsRevenue was developed around a concept familiar to millions of consumers and small businesses.

Tax software did not make the tax code less complicated. It made the complexity easier to navigate.

ClaimsRevenue applies a similar philosophy to professional medical claims.

“We can't rewrite the medical billing system for a small practice,” Quazi said. “But we can build software that helps them work through it. That's really what ClaimsRevenue is about. Taking an extremely complicated process and making it more manageable for the people who have to deal with it every day.”

Designed for Healthcare Provider Offices

ClaimsRevenue is designed for U.S. healthcare provider offices submitting professional medical claims, 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 supports individual and multi-provider practices, including organizations operating multiple billing entities or tax identification numbers.

ClaimsRevenue is designed for healthcare provider offices directly, giving practices tools to better understand and manage their own professional claims.

The principle behind the platform is straightforward:

Your practice earned the revenue. Protect it.

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

Learn more and watch a product demonstration 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 before submission, analyze Electronic Remittance Advice, and identify recurring patterns that may contribute to claim denials, payment delays, and lost revenue.

By connecting pre-submission claim validation with post-adjudication remittance analysis, 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.

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