

ClaimsRevenue™ Launches for Independent Medical, Behavioral, and Allied Health Practices

ClaimsRevenue grew from our own effort to reduce denials. We built it to give independent practices a smart way to improve claims and learn from prior ERAs.

ST PETERSBURG, FL, UNITED STATES, September 1, 2026 /EINPresswire.com/ -- ClaimsRevenue™, a healthcare claims intelligence platform designed for independent medical and allied health practices, is now commercially available to healthcare provider offices across the United States.

The platform adds a focused intelligence layer within the existing revenue cycle workflow, between the systems practices use to prepare professional medical claims and the healthcare clearinghouses that transmit those claims.

ClaimsRevenue combines Claims Validator™, which reviews professional claims before submission, with ERA Analyzer™, which analyzes information returned by payers after claims are adjudicated.

By connecting those two parts of the claims process, ClaimsRevenue allows information from previous payer results to provide additional practice-specific context when future claims are reviewed.

"ClaimsRevenue grew from our own effort to reduce denials," said Sami Quazi, Founder of ClaimsRevenue. "We built it to give independent practices a practical way to improve claims and learn from prior payer results."

A Claims Intelligence Layer Within the Existing Workflow



The graphic is a dark blue announcement card for ClaimsRevenue. At the top left is the ClaimsRevenue logo with a blue bar chart icon. To the right of the logo is the text "ClaimsRevenue™". Below the logo is a photo of Sami Quazi, Founder & Chairman, with his arms crossed. To the right of the photo is the text "I'M PROUD TO ANNOUNCE I FOUNDED CLAIMSREVENUE™". Below this is a paragraph: "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." Below the paragraph is a box with a calendar icon and the text "PUBLIC LAUNCH SEPTEMBER 1, 2026". Below this are five icons with text: "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 is a box with the text "THREE YEARS. REAL RESULTS. NOW WE'RE BRINGING WHAT WE LEARNED TO YOU." and at the bottom right is a box with the text "YOUR PRACTICE EARNED THE REVENUE. PROTECT IT."



ClaimsRevenue grew from our own effort to reduce denials. We built it to give independent practices a practical way to improve claims and learn from prior payer results."

*Sami Quazi, Founder,
ClaimsRevenue*

ClaimsRevenue is not an electronic health record, practice management system or full-service revenue cycle management platform.

It is designed to complement those systems.

A healthcare practice can continue using its existing EHR or practice management workflow to document care and prepare billing information, while its existing clearinghouse continues to perform its role in processing and transmitting electronic claims.

ClaimsRevenue fits between those functions by focusing on the quality and context of professional claims before they are transmitted and on what can be learned from payer results after adjudication.

The platform currently supports CMS-1500 and 837P professional medical claims.

Reviewing Claims Before They Reach the Payer

Claims Validator reviews professional medical claims for potential errors, inconsistencies and other issues that may warrant attention before submission.

Claims can contain numerous variables involving patients, providers, billing entities, diagnoses, procedures, place of service, payer information and other data.

ClaimsRevenue was developed around the premise that claim review can consider not only whether individual fields have been completed, but also the broader relationships among information contained within the claim.

AI was used during development to help prepare and organize variable data underlying the platform's claims analysis, contributing to the analytical framework used by ClaimsRevenue.

The company describes the resulting platform as an [AI-enabled claims intelligence](#) layer.

Using Payer Results to Inform Future Claims

ClaimsRevenue also examines what happens after claims are submitted.

ERA Analyzer analyzes Electronic Remittance Advice information returned following payer adjudication.

Rather than treating that information solely as a historical payment record, ClaimsRevenue uses prior ERA information to help establish a practice-specific knowledge base that can provide

additional context for future claim reviews.

As the practice accumulates additional claims and remittance history, that body of information can help identify recurring patterns within its own claims environment.

This creates a feedback relationship between pre-submission claim validation and post-adjudication ERA analysis.

“Payers provide practices with information every time they adjudicate a claim,” Quazi said. “Our goal is to make more of that information useful before the next claim goes out the door.”

Practices Can Begin With Historical Data

Practices with access to previous claims and ERA information may be able to use that history when beginning with ClaimsRevenue.

Historical 835 Electronic Remittance Advice files, for example, may be available through a practice's clearinghouse or other existing systems. Corresponding historical professional claims information may also be available.

Importing available historical information gives ClaimsRevenue practice-specific data to analyze from the beginning rather than requiring the knowledge base to be established exclusively from claims processed after implementation.

ClaimsRevenue will provide additional information on using historical claims and ERA data as part of the onboarding process.

Developed From MoodRx's Claims Experience

ClaimsRevenue originated from an effort within healthcare provider MoodRx to understand and reduce its own [medical claim denials](#).

MoodRx reports that its medical claim denial rate was more than 10% when the practice began systematically examining its claims and payer results.

Over approximately one year, the organization developed a methodology that considered multiple variables affecting professional claims while also examining information returned after payer adjudication.

MoodRx reports that its medical claim denial rate subsequently declined to less than 0.5%.

The concepts developed during that effort became the foundation for ClaimsRevenue.

ClaimsRevenue does not guarantee that customers will achieve MoodRx's denial rate. Claim outcomes depend on multiple factors, including payer requirements, eligibility, coding, credentialing, provider participation and individual practice circumstances.

Built for Independent Healthcare Provider Offices

ClaimsRevenue is designed specifically for U.S. healthcare provider practices submitting professional medical claims.

Potential users include:

- Primary care practices
- Physician and medical specialties
- Surgical practices
- Behavioral and mental health practices
- Physical therapy practices
- Occupational therapy practices
- Other medical and allied health provider offices

ClaimsRevenue supports individual providers and multi-provider organizations, including practices operating multiple billing entities or tax identification numbers.

The platform is intended for healthcare provider offices rather than outsourced medical billing companies.

Adding Intelligence Without Replacing the Existing RCM Infrastructure

ClaimsRevenue's role within the revenue cycle is deliberately focused.

It does not replace the EHR.

It does not replace the practice management system.

It does not replace the clearinghouse.

And it does not replace the entirety of a practice's revenue cycle management operation.

Instead, ClaimsRevenue adds claim validation, ERA analysis and practice-specific claims knowledge to the existing workflow.

This allows practices to retain their current clinical, billing and claims-transmission infrastructure while adding another analytical layer around professional claims.

ClaimsRevenue Now Available

ClaimsRevenue is commercially available beginning September 1, 2026, to eligible healthcare provider practices in the United States.

Practices can learn more, view a product demonstration and obtain information about getting started at ClaimsRevenue.com.

About ClaimsRevenue

ClaimsRevenue is an AI-enabled healthcare claims intelligence platform for independent medical and allied health practices. The platform fits within existing revenue cycle workflows between the systems used to prepare professional claims and healthcare clearinghouses.

Through Claims Validator™ and ERA Analyzer™, ClaimsRevenue provides pre-submission professional claim validation and analysis of historical payer results. The platform supports CMS-1500/837P professional medical claims and enables practices to use information from prior claims and ERAs as additional context for future claim reviews.

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](#)

[YouTube](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/937910055>

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.