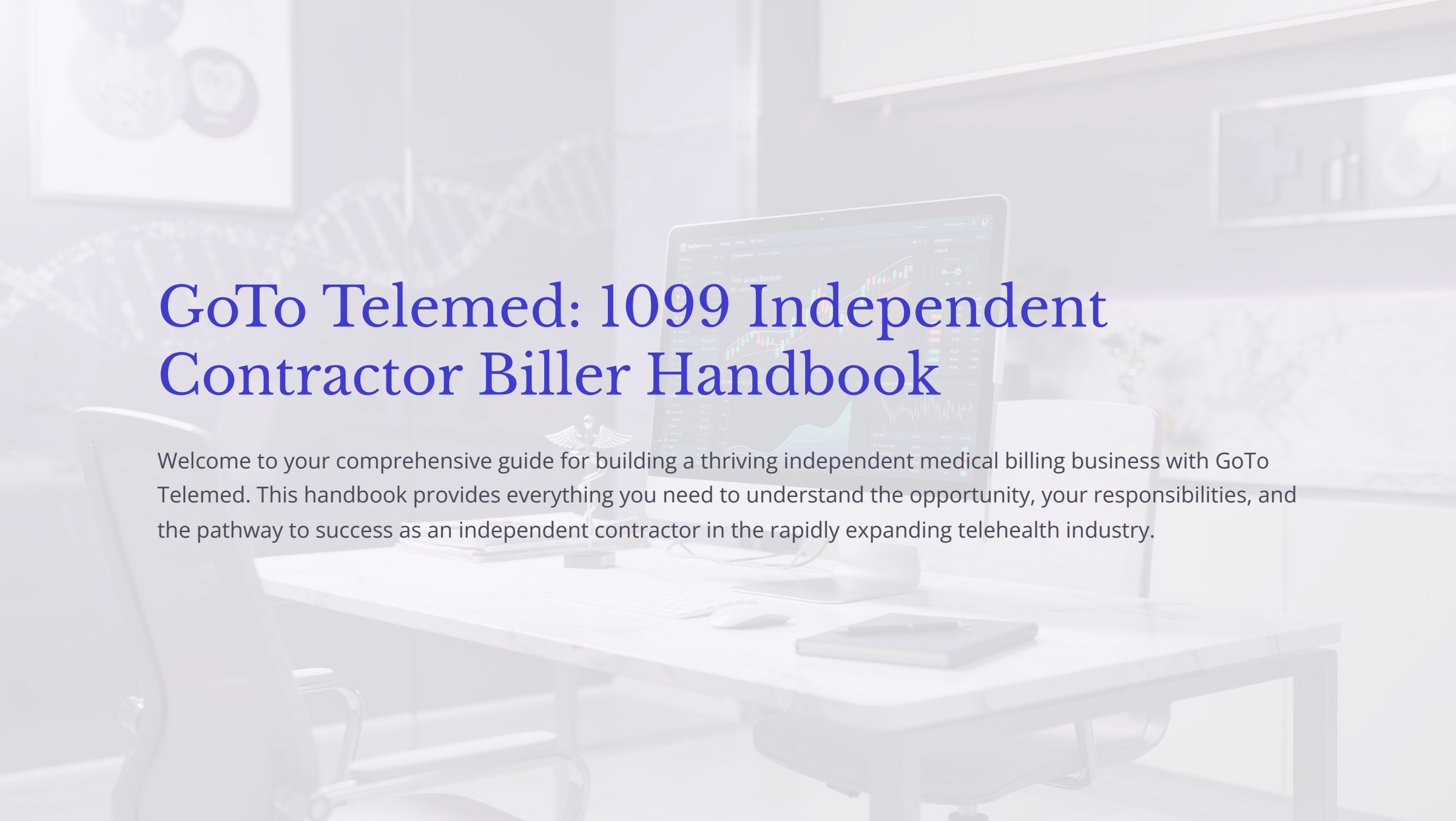


GoTo Telemed: 1099 Independent Contractor Biller Handbook

Welcome to your comprehensive guide for building a thriving independent medical billing business with GoTo Telemed. This handbook provides everything you need to understand the opportunity, your responsibilities, and the pathway to success as an independent contractor in the rapidly expanding telehealth industry.

The Business Opportunity & Market Drivers

Nationwide Telehealth Expansion

GoTo Telemed scales rapidly across all 50 states with expanding medical, dental, behavioral health, and specialty provider networks requiring dedicated billing infrastructure. Monthly addition of new providers creates continuous demand for specialized billing contractors.

Revenue Cycle Complexity

Multi-specialty operations require specialized billing professionals understanding nuanced medical coding (CPT, ICD-10-CM, HCPCS), dental coding (CDT), payer policies, state regulations, and denial management across diverse service lines that generalist billing cannot efficiently handle.

Excellence & Service Differentiation

98%

First-Pass Claims Achievement

GoTo Telemed's integrated clearinghouse achieves 98%+ first-pass claims acceptance rate compared to 75-85% industry average

2-5

Clients Per Contractor

Assigned providers per contractor per SLA enabling personalized, high-touch service

Dedicated independent contractors extend this excellence through specialized attention to assigned clients, preventing undercoding, documentation errors, and claim rejections. Independent contractors operating as dedicated business partners provide boutique service superior to large impersonal billing factories, improving client satisfaction and retention metrics.

Strategic Advantages

Operational Scale Without Overhead

The 1099 contractor model allows GoTo Telemed to scale billing operations without W-2 payroll costs, benefits administration, employment taxes, workers compensation, or internal staffing overhead. The platform absorbs core technology and infrastructure costs while contractors focus on client service delivery.

Service Differentiation Strategy

Billers operating as independent businesses with personal websites, professional credentials, specialized expertise, and business email differentiate GoTo Telemed's offering in competitive healthcare services market. Independent contractors become trusted advisors to assigned clients.

Mutual Growth & Continuity

Mutual Growth Alignment

As assigned clients grow and generate additional providers, services, and claims volume, contractor workload and revenue increase proportionally. This alignment creates incentive structure benefiting both platform and independent contractors with no artificial caps or limitations.

Provider Network Continuity

2-5 client assignment per contractor ensures focused, consistent billing attention. Permanent client relationships mean billers develop deep understanding of client operations, payer policies, specialty requirements, and revenue optimization strategies unique to each client.

Understanding Your Independent Contractor Classification

Independent Business Classification (1099-NEC)

You operate as independent contractor running personal billing business under 1099-NEC tax classification. Form W-9 establishes tax identification. GoTo Telemed provides Form 1099-NEC annually documenting all payments made, enabling IRS compliance and self-employment tax calculations.

Full Business Autonomy & Control

You maintain complete independence in billing operations, business decisions, client management practices, service delivery methods. GoTo Telemed provides assigned clients and platform infrastructure but does not employ you, direct your daily operations, or supervise your work methods.

Business Structure Essentials

No W-2 Employment Benefits

You do not receive W-2 employee benefits including health insurance, retirement benefits (401k), paid time off, sick leave, workers compensation, or unemployment insurance. You maintain complete responsibility for self-employment insurance, retirement planning, health coverage, and time management.

Self-Employment Tax Responsibility

You manage your own self-employment taxes totaling 15.3% of net earnings. File quarterly estimated tax payments (Form 1040-ES). Maintain separate business accounting distinct from personal finances. GoTo Telemed provides tax documentation but does not withhold taxes.

Your Client Assignment Model

Permanent Assigned Clients

Providers per contractor creating focused, manageable workload

Exclusive Relationships

Your clients remain dedicated to you throughout contract

Each contractor receives 2-5 GoTo Telemed provider assignments generating focused, manageable workload while maintaining service quality. Assigned client relationships remain permanent throughout contract duration unless mutual agreement changes. Clients do not rotate between billers or get reallocated without written consent.

Your assigned clients are exclusive to you. GoTo Telemed does not assign other billers to your clients, does not compete through other contractors, does not charge fees for client relationships. You maintain single point of contact and dedicated billing service for each assigned client.

Resources & Business Assets

Permanent Resource Access

All provided resources (practice management software, clearinghouse, portals, training materials, tools) assigned to your contractor agreement remain dedicated throughout contract duration. GoTo Telemed does not reallocate, revoke, or reassign resources without cause and written notice.

Personal Business Assets Ownership

Business website, professional email domain, billing tools, training materials, and technical infrastructure provided by GoTo Telemed become personal business assets you own and control. Use to market independent business and build professional reputation.

Service Capabilities & Autonomy

Multi-Service Client Capability

Provide multiple billing services to assigned clients according to client business needs: medical billing, dental billing, hybrid medical/dental practices, multiple provider management, multi-specialty coordination, specialized coding expertise for client specialties.

No GoTo Telemed Interference

GoTo Telemed does not become involved in your client relationships, business decisions, operational methods, or client communication beyond established reporting. Platform role limited to providing infrastructure, clients, training, and compliance support.

Contract Framework & Coverage

Contractor Agreement & SLA

Formal Service Level Agreement establishes binding terms: responsibilities, client assignment (2-5 providers), payment structure, term (24 months initial with auto-renewal 12 months), termination (60-day notice standard, immediate for cause), compliance enrollment investment ($1,200), performance metrics (99% accuracy target).

Geographic Coverage

Operate nationwide across all 50 states managing claims for GoTo Telemed clients in multiple states. Understanding of state-specific telehealth regulations, multi-state provider licensing, and state-specific compliance requirements essential for nationwide provider network management.

Complete Infrastructure Platform

Practice Management Software Suite

Full access to best-in-class practice management systems selected by GoTo Telemed: eClinicalWorks, Athenahealth, Kareo, NextGen, Medidata platforms. Integrated systems managing patient scheduling, clinical documentation, billing, claims tracking, accounts receivable, reporting. No software licensing costs or fees.

Medical Billing Clearinghouse

Integrated medical clearinghouse achieving 98%+ first-pass claim acceptance through automated pre-submission validation, error correction, payer routing. Claims submitted in standard 837 EDI format with automated claims scrubbing validating patient demographics, insurance information, and medical codes.

Dental Billing Clearinghouse

Separate dental billing clearinghouse configured for Current Dental Terminology (CDT) codes and dental claims processing. X12 837D dental format submission with automatic dental edits, code validation, tooth numbering verification integrated with practice management systems.

Verification & Coding Tools

Real-Time Insurance Verification

Direct access to Availity, Change Healthcare, NTPC, and specialty payer-specific portals. Real-time eligibility verification within 24 hours of appointment scheduling (SLA requirement). Claim status checking, EOB retrieval, denial inquiry, authorization verification. No portal access fees or licensing charges.

Medical Coding Software

Current Procedural Terminology (CPT) encoder tools with annual updates. ICD-10-CM diagnostic code references. HCPCS Level II code lookups. Automated code recommendations based on clinical documentation enabling accurate code selection and telehealth modifier application.

Dental Coding Software (CDT)

Current Dental Terminology (CDT) coding tools (D0000-D9999 code library). Tooth numbering systems (universal 1-32 adult; A-T pediatric). Procedure descriptions and frequency limitations. Modifier application with automated dental code lookups and validation updated annually.

Advanced Management Tools

AI Coder License

Artificial intelligence coding assistance tool included in SLA enrollment investment ($100 value). Automated code recommendations based on clinical documentation. Helps optimize code selection, identify coding errors, improve first-pass acceptance rates.

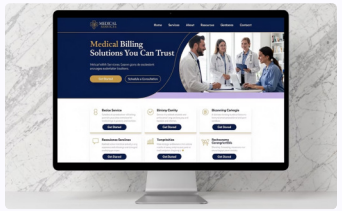
AR Management Tools

Dedicated AR aging analysis tools with automatic generation of aging reports by payer, claim age, denial status. Claims tracking system with submission dates, claim numbers, payer information, status history.

Denial Management System

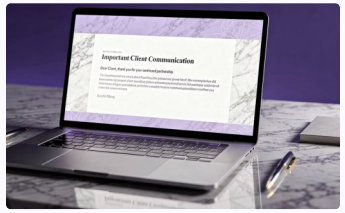
Specialized denial tracking tools with automated denial categorization. Root cause analysis tools. Appeal tracking system documenting appeal submissions, responses, success rates with analytics identifying recurrent denial patterns.

Professional Business Presence



Professional Business Website

Designed and maintained professional website reflecting your independent billing business. Customizable with background information, credentials, certifications, service descriptions, specializations. Includes contact information, service areas, professional branding enabling marketing and client prospecting.



Professional Business Email

Professional business email domain reflecting your billing business name with unlimited email addresses. Email forwarding capabilities and professional email signature configuration with credentials and contact information. Enables professional communication with clients and prospects integrated with business website for brand consistency.

Comprehensive Training & Support

01

Comprehensive Onboarding Training

24-hour mandatory training program covering: 8-hour HIPAA Compliance Program (Privacy Rule, Security Rule, Breach Notification), 12-hour Medical Coding Excellence (medical billing fundamentals, CPT/ICD-10, telehealth coding), 4-hour GoTo Telemed Platform Integration (system assessment and workflow). All training provided, documented, and retained for reference.

02

Ongoing Compliance & Coding Support

Regular access to coding experts for complex coding scenarios, clinical documentation sufficiency questions, specialty-specific coding challenges. Compliance support for HIPAA questions, fraud & abuse law interpretations, regulatory changes. Designated support channels and expected response times established.

03

Continuing Education Program

Annual CPT code update training (each January 1st release). ICD-10-CM diagnostic code changes. CMS telehealth policy updates. Payer-specific policy changes affecting assigned clients. State-specific regulatory updates. New specialty training as assigned clients add providers and services.

04

HIPAA Compliance Infrastructure

Military-grade security measures (AES-256 encryption) protecting patient health information. Role-based access controls limiting system access. Secure data storage and transmission protocols. Audit trails documenting all access to patient information. HIPAA breach notification procedures established with contractor responsibilities clearly defined.

Insurance Eligibility & Patient Registration

1

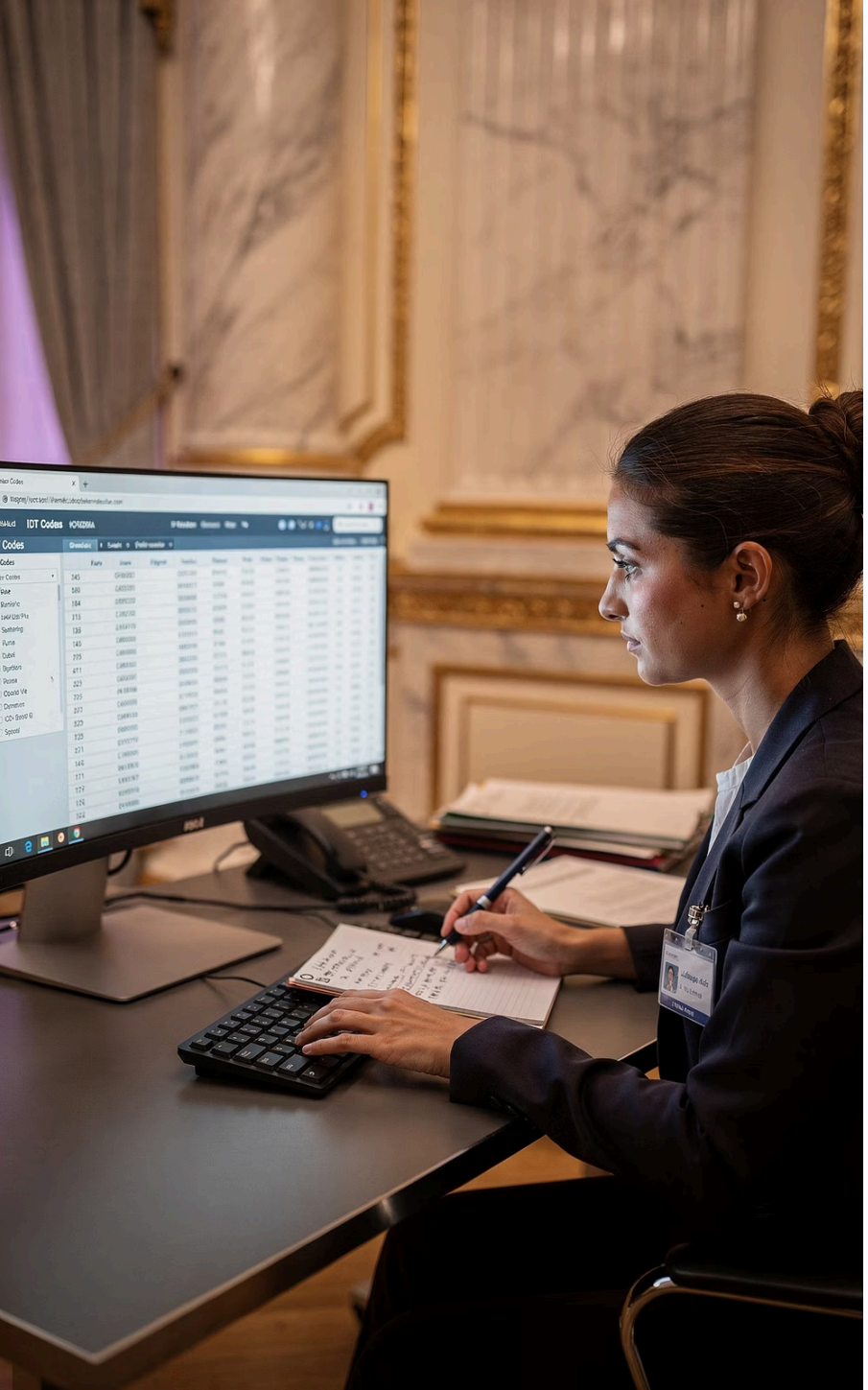
Insurance Eligibility & Verification (24-Hour Standard)

Verify patient medical/dental insurance eligibility within 24 hours of appointment scheduling as SLA requirement. Confirm coverage details including deductibles, out-of-pocket maximums, copays, coinsurance percentages, frequency limitations, telehealth coverage status. Identify pre-authorization and referral requirements. Obtain authorizations before service delivery.

2

Patient Registration & Demographics Management

Ensure complete and accurate patient demographic and insurance data capture at appointment booking. Validate information accuracy (legal name, date of birth, address, insurance policy numbers, group numbers, member IDs). Update patient records immediately when insurance changes, policies renew, or coverage terminates to prevent claim rejections.



Medical Coding Excellence

Medical Coding Mastery

Accurately code telehealth visits and medical services using Current Procedural Terminology (CPT) codes. Select appropriate Evaluation & Management (E/M) codes (99202-99215) based on medical decision-making complexity, documentation level, time spent. Apply telehealth-specific codes (98970-98974 established patient, 98975-98978 new patient). Use correct ICD-10-CM diagnostic codes with appropriate specificity.

Telehealth Modifier Mastery

Expert application of telehealth-specific modifiers: Modifier 93 for audio-only synchronous telehealth, Modifier 95 for audio/video synchronous telehealth, Modifier GT for general telehealth services, Modifier FQ for family/group telehealth visits, Modifier FR for telehealth home visits. Ensure modifier selection matches actual service delivery method per payer policies and CMS requirements.

Dental Coding & Place of Service

Dental Coding Proficiency

Accurately code dental procedures using Current Dental Terminology (CDT) codes (D0000-D9999): preventive services (D1000 series), diagnostic (D0000 series), restorative (D2000 series), surgical (D7000 series), orthodontic (D8000 series), prosthetics (D5000 series), implant services (D6000 series). Correct tooth numbering system (universal 1-32 adult). Proper modifier application.

Place of Service (POS) Coding

Verify and apply correct place of service coding for telehealth encounters: POS 02 for provider office, POS 10 for patient home (telemedicine patient end), POS 11 for established patient other location. Ensure POS coding matches actual encounter location preventing claim rejections due to incorrect location coding.

Documentation & Claims Submission

Clinical Documentation Review

Review clinical notes for medical necessity, diagnostic specificity, coding sufficiency. Communicate coding queries to providers for insufficient documentation before claim submission. Maintain coding query documentation for audit trail. Ensure all claims contain complete medical necessity support.

Electronic Claims Submission

Submit medical claims electronically through GoTo Telemed clearinghouse within 5 business days of service delivery in standard 837 EDI format. Submit dental claims within 5-30 days per payer requirements. Route claims through appropriate clearinghouse or direct payer portal. Track submission confirmation.

Claims Monitoring & Error Management

Claim Tracking & Status Monitoring

Maintain detailed claim tracking logs documenting submission date, claim number, clearinghouse ID, payer name, claim status, follow-up dates. Monitor claim status continuously in clearinghouse and payer portals. Identify claims at risk of denial or approaching payment deadlines. Flag for proactive follow-up actions.

Front-End Error Management

Identify claims with front-end errors (missing fields, invalid codes, demographic issues). Correct identified errors immediately. Resubmit corrected claims within 24 hours of error identification. Generate daily batch processing reports documenting corrections and resubmissions. Maintain error tracking for process improvement.

AR Follow-Up & Payment Management

1

Accounts Receivable Follow-Up

Conduct systematic daily AR monitoring. Identify all claims 15, 30, 45, 60+ days outstanding. Contact insurance companies via phone and payer portals to obtain claim status, identify delay reasons, request decisions on pending claims. Send patient statements weekly for patient responsibility balances exceeding 30 days.

2

Payment Posting & EOB Reconciliation

Post insurance payments and Explanations of Benefits (EOBs) to patient accounts accurately and timely (within 24 hours of receipt). Reconcile posted EOBs with originally submitted claims. Identify discrepancies, missing payments, partial payments, payment variances. Apply payments to correct patient accounts and specific claim lines.

Denial Management & Client Reporting

Denial Analysis & Appeals

Analyze every claim denial systematically. Identify specific denial reason (coding error, missing documentation, eligibility issue, medical necessity). Prepare corrected claims or formal written appeals with supporting clinical documentation, policy justification, legal arguments. Track appeals through all levels.

Underpayment Recovery

Compare posted EOBs with contracted payer fee schedules. Identify underpayments, contractual adjustment errors, missing payments. Prepare documentation for payment recovery or credit adjustment. Submit recovery requests to payers with supporting fee schedule documentation.

Client Reporting & Communication

Provide weekly communication to assigned clients with billing status updates, claims processed, collections received, denials managed. Generate monthly comprehensive reports documenting total claims submitted, approval rates, denial rates and causes, collections received, Days in AR, performance against targets.

Investment Structure Overview

$1,200

Total SLA Enrollment

Complete platform setup, training, tools, licensing, and compliance infrastructure

$890

Upfront Payment

Due within 5 business days of contract signature

$310

Deferred Payment

Due 30 days after first client assignment

SLA-required compliance enrollment investment totaling $1,200 provides complete platform setup, training, tools, licensing, and compliance infrastructure. Payment structure designed to reduce initial cash barrier with deferred portion due after revenue generation begins with first assigned clients.

Payment Breakdown Details

Upfront Payment: $890 (Due Within 5 Business Days)

First payment installment of $890 due within 5 business days of signed SLA execution. Covers immediate platform setup costs, system configuration, access provisioning. Payment required before system access, credentials, and onboarding training begins. Non-refundable once services commence.

Detailed Upfront Payment Breakdown

- Digital Platform Setup ($250) - system access configuration, credentialing setup, database integration
- HIPAA Compliance Program ($180) - 8-hour training on Privacy Rule, Security Rule, Breach Notification, compliance certification
- EHR/EMR Integration ($120) - Electronic Health Record system configuration, PM system integration
- EDI Connectivity ($140) - Electronic Data Interchange claim submission setup, clearinghouse integration, validation protocols

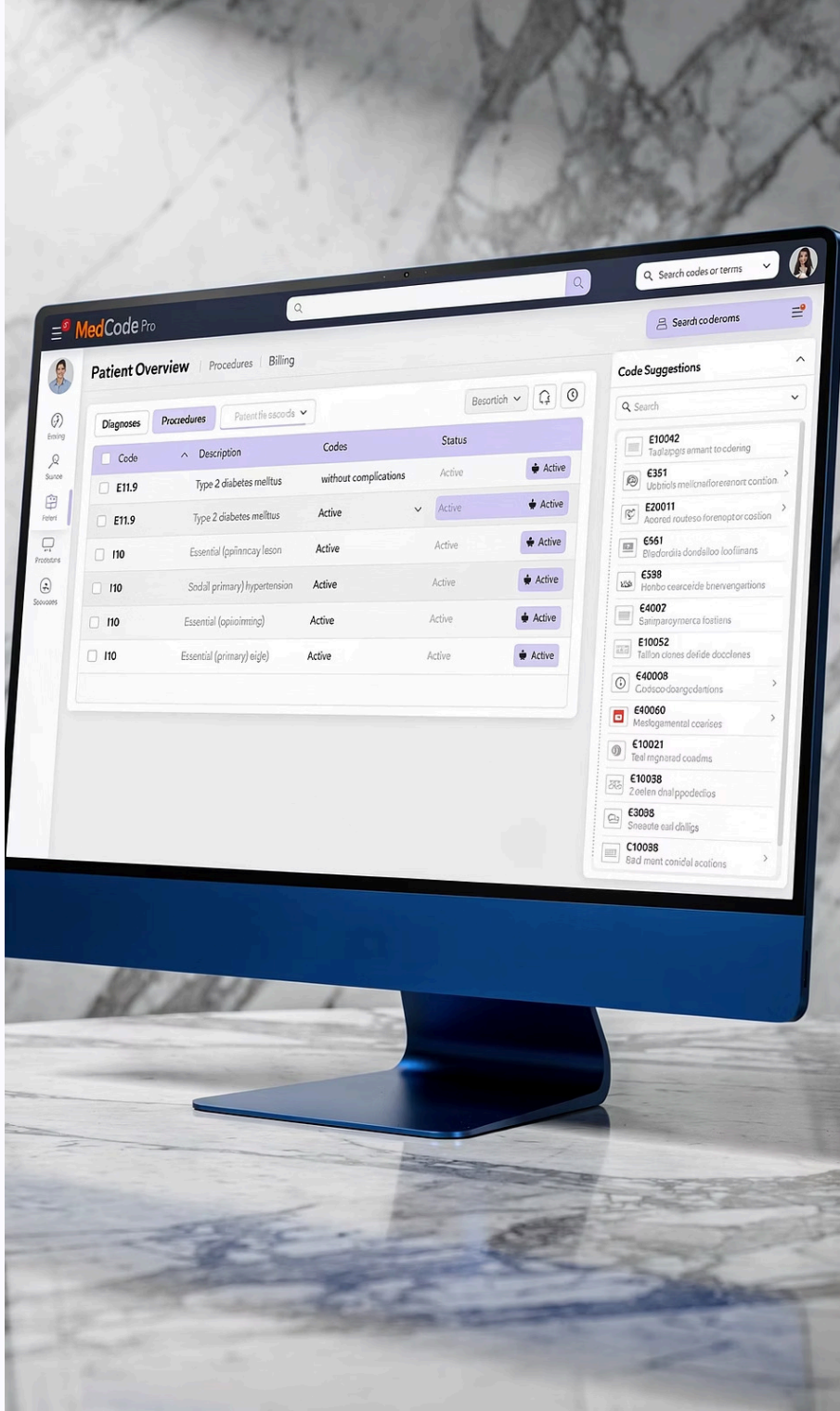
Deferred Payment Components

Deferred Payment: $310

Second payment installment of $310 due 30 days after first client assignment begins. Covers AI Coder License ($100), Malpractice Insurance ($50), Federal Enrollment ($50). Allows contractor to defer partial payment until revenue generation begins with first assigned clients. Deferred structure reduces initial cash barrier.

AI Coder License ($100 value)

Included in $310 deferred payment. Artificial intelligence-powered coding assistance tool with automated code recommendations based on clinical documentation. Identifies coding errors, suggests optimization. Helps improve first-pass acceptance rates and coding efficiency. Annual license included throughout contract term.



Additional Contractor Investments

Contractor's Own Workstation

Computer equipment ($800-$1,500) - desktop or laptop meeting specifications, dual monitors recommended. High-speed internet ($50-$100/month) - minimum 25 Mbps, backup internet option recommended. Home office setup ($500-$2,000) - desk, ergonomic chair, storage, privacy screen for HIPAA compliance. Business registration ($100-$500) - EIN, state registration, business license per state requirements.

Self-Employment Tax Obligation

Contractor responsible for all self-employment taxes totaling 15.3% of net income. Quarterly estimated tax payments required (Form 1040-ES). Annual business tax filing required. Contractor maintains separate business accounting and responsibility for tax compliance, deduction tracking, retirement planning. GoTo Telemed provides Form 1099-NEC for tax reporting.

Optional Services & Total Investment

Optional Professional Services

- Accountant/CPA consultation ($500-$1,000 initial, $500-$1,000 annually) for tax structure planning, quarterly payment setup, bookkeeping system establishment
- Legal review of SLA ($300-$600) by attorney familiar with 1099 contractor arrangements
- Business insurance beyond malpractice ($300-$600/year) for additional coverage
- Trademark/business name registration as desired

Total First-Year Investment Summary

- GoTo Telemed SLA enrollment: $1,200
- Workstation setup: $1,400-$4,000
- Business registration: $100-$500
- Professional services (optional): $500-$1,000
- Quarterly self-employment taxes: 15.3% of net earnings
- **Total range: $3,200-$7,700**

Platform-Provided Resources

Everything You Need at NO Additional Cost Beyond $1,200 Enrollment

Platform Access & System Setup

Complete configuration of access to all GoTo Telemed systems on Day 1 of onboarding. Credentials for practice management software, EHR, clearinghouse, insurance portals, coding tools provided. No ongoing monthly fees, portal access charges, or licensing costs for any systems. All resources included in $1,200 enrollment investment and included throughout contract term.

Training & Education Resources

Unlimited Training & Education

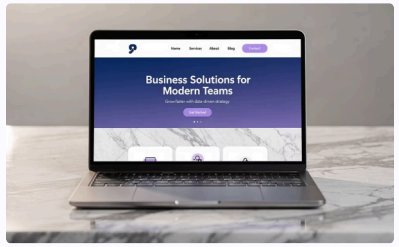
Initial 24-hour mandatory training program (HIPAA, medical coding, platform integration) provided at no additional cost. Ongoing access to training resources, video tutorials, process documentation retained for reference. Annual CPT/ICD-10 update training provided. Continuing education on policy changes, specialty requirements, new procedures. Access to coding experts for complex questions.

Ongoing Support Infrastructure

Ongoing Support & Escalation

Email support channel (info@gototelemed.com) with 24-hour response expectation. Technical support for platform issues, software problems, system errors. Coding support for complex scenarios, clinical documentation questions. Compliance hotline for HIPAA, fraud & abuse law questions, regulatory interpretation. Regular check-ins reviewing performance and satisfaction.

Business Infrastructure Assets



Business Infrastructure Assets

Professional business website designed and maintained reflecting your independent billing business. Professional business email domain with unlimited addresses. Both assets become personal business assets you own and control. Use to market your business, build professional reputation, prospecting for additional clients.

Client Assignment & Information

Assigned Permanent Clients

Initial client roster of 2-5 GoTo Telemed healthcare providers assigned exclusively to you. Permanent assignments throughout contract duration. Clients do not rotate or reassign without mutual written agreement. Client relationships enable predictable revenue and business planning. Eliminated need to prospect for clients.

Complete Client Information Package

Complete Client Information & History

Comprehensive information provided on each assigned client including: current claims status and volumes, billing history and payment patterns, known issues or special requirements, provider specialties and services offered, payer contracting information, patient demographics and insurance mix. Enables quick onboarding and operational readiness.

Compliance Infrastructure

Compliance Infrastructure & Documentation

HIPAA-compliant systems with military-grade security (AES-256 encryption), role-based access controls, secure data storage and transmission. Audit trails documenting all access. Breach notification procedures. Compliance training and certification. Contractor responsibilities and requirements clearly defined. Reduces compliance burden by providing infrastructure.

Team Expansion Support

Team Expansion Support (No Additional Hiring Cost)

If contractor needs additional support staff or team members to handle increased workload or expand services, GoTo Telemed can provide team members at NO additional hiring cost to contractor. Enables capacity expansion without contractor recruiting, hiring, training burden. Maintains service quality while scaling operations.

Contract Terms Foundation

1

Contract Duration: 24-Month Initial Term

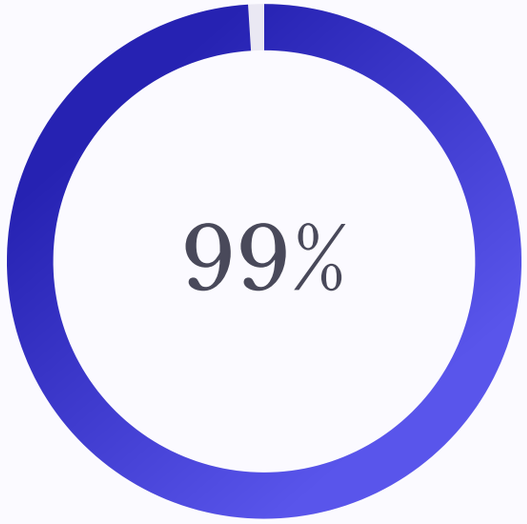
Service Level Agreement establishes initial contract term of 24 months with automatic 12-month renewals thereafter. Long-term relationship foundation enabling business planning, client relationship development, revenue predictability. Contract continues unless either party provides 60-day written notice of non-renewal.

2

Client Assignment Scope: 2-5 Providers

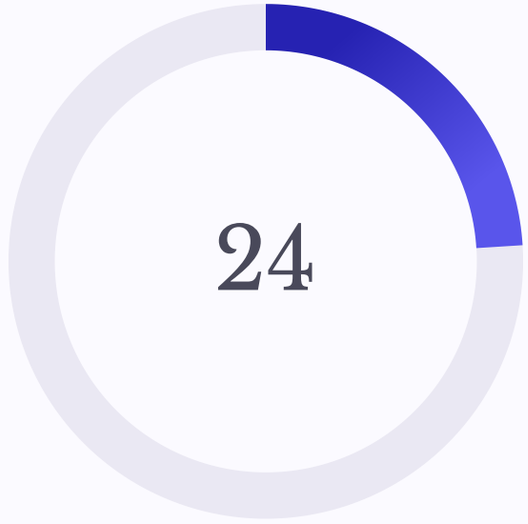
Each contractor manages 2-5 GoTo Telemed healthcare providers as optimal workload for maintaining service quality and accuracy standards. Enables focused service delivery while maintaining manageable daily claim volumes. Assignment remains permanent unless mutual agreement changes.

Performance & Verification Requirements



Accuracy Target Required

SLA requires 99% billing accuracy in coding, claims submission, AR management, payment posting, compliance documentation



Hour Verification Standard

Insurance verification completion within 24 hours of appointment scheduling required

SLA requires 99% billing accuracy in coding, claims submission, AR management, payment posting, compliance documentation. Accuracy measured across all billed claims. Focus on clean claims, correct coding, proper documentation, prevention of denial-causing errors. Performance metrics tracked monthly. SLA mandates insurance verification completion within 24 hours of appointment scheduling. Proactive eligibility determination before service delivery prevents post-visit claim rejections.

Restrictions & Termination Terms

Offshore Subcontracting Restrictions

Strict prohibition against offshore subcontracting for nine states with explicit restrictions: Arizona (AZ), Florida (FL), Georgia (GA), Mississippi (MS), Missouri (MO), New Jersey (NJ), Ohio (OH), Tennessee (TN), Texas (TX). All billing services for these states must be performed within the United States by on-shore contractors. Violation results in immediate termination for cause.

Termination for Cause - Immediate

Either party may terminate contract immediately for cause including: HIPAA breach or data security violation, False Claims Act violation or billing fraud, failure to maintain 99% accuracy target, breach of compliance obligations, failure to complete insurance verification within 24-hour requirement, offshore subcontracting in restricted states.

Standard Termination & Data Management

Standard Termination - 60-Day Notice

Either party may terminate contract for any reason with 60-day written notice. Notice must be submitted in writing with effective termination date 60 days hence. Allows orderly transition of assigned clients, data handoff, documentation transfer. Standard termination without cause does not affect references or professional reputation.

Data Management Upon Termination

Upon contract termination (for cause or standard), all contractor data must be returned to GoTo Telemed or destroyed within 10 days. Includes patient health information (PHI), claims data, client information, billing records. GoTo Telemed retains right to audit data destruction compliance. Contractor must provide written certification of data return or destruction.

HIPAA Compliance & Liability

HIPAA Compliance & Data Protection

Contractor must maintain strict HIPAA Privacy Rule and Security Rule compliance. Implement military-grade security (AES-256 encryption), role-based access controls. Notify GoTo Telemed of potential PHI breaches within 24 hours. Strictly prohibited from selling, leasing, or sharing client data. Maintain confidentiality of all patient and provider information throughout and after contract term.

Liability & Indemnification

Contractor indemnifies GoTo Telemed against all claims arising from contractor actions including HIPAA breaches, False Claims Act violations, billing fraud, compliance violations. GoTo Telemed liability capped at total fees paid by contractor in preceding 12 months. Contractor liability uncapped. Contractor assumes liability for professional actions and errors.

Multi-Specialty Medical Expertise

Multi-Specialty Medical Expertise

Develop expertise across medical specialties handled by assigned clients: primary care, cardiology, orthopedics, behavioral health, psychiatry, psychology, urgent care, neurology, internal medicine, family medicine, pediatrics, geriatrics. Understand specialty-specific coding requirements, documentation standards, medical necessity criteria, payer policies by specialty.

E/M Code Selection Mastery

Accurately select Evaluation & Management codes (99202-99215) based on medical decision-making complexity (straightforward to high), history elements (focused to comprehensive), examination elements (focused to comprehensive), time spent on service. Understand time-based coding when appropriate. Recognize office vs. established patient vs. new patient distinctions.

Telehealth-Specific Code Expertise

Knowledge of telehealth-specific codes for digital clinical interactions: 98970-98974 for established patient telehealth visits, 98975-98978 for new patient telehealth visits. Understand CMS Digital Clinical Interactions requirements (integrated EHR, patient portal access, secure messaging capability). Verify code selection appropriate for service type and patient status.

Behavioral Health & Medical Necessity

Behavioral Health Specialized Coding

Expertise in behavioral health coding including: psychotherapy codes (90834 individual 30 min, 90837 individual 60 min), psychiatric evaluation codes (90791 without medical exam, 90792 with medical exam), medication management codes (90862), crisis services, inpatient psychiatric codes. Understand behavioral health telehealth regulations. Recognize medical necessity requirements for behavioral health services.

Medical Necessity Documentation Verification

Review clinical notes verifying medical necessity support. Confirm documented symptoms, assessment, diagnosis justify billed service. Identify when additional clinical documentation required. Communicate coding queries to providers for insufficient medical necessity support. Ensure claims contain complete medical necessity justification preventing payer denials.

Pre-Authorization & Multi-Payer Knowledge

Pre-Authorization Management System

Systematic identification of services requiring pre-authorization by payer contract. Obtain authorization numbers before service delivery. Document authorization requirements, approval amounts, frequency limitations. Communicate authorization requirements to clinical staff preventing service delivery for non-authorized procedures. Track authorization expiration dates and renewal requirements.

Multi-Payer Medical Knowledge

Understanding of Medicare, Medicaid, commercial insurance, managed care variations in medical billing: different coverage rules by payer, documentation requirements by payer, coding variations, modifier usage differences, pre-authorization requirements varying by payer. Recognize that Medicare and Medicaid often require different modifiers, place of service coding, documentation than commercial insurance.

Medical Claims Submission & Follow-Up

1

Medical Claims Submission Excellence

Submit medical claims electronically through GoTo Telemed clearinghouse within 5 business days of service delivery in 837 EDI format. Ensure clearinghouse pre-submission validation complete before transmission. Track claim numbers and submission confirmation. Manage payer-specific submission requirements. Maintain detailed claim tracking logs. Verify claims successfully received by payers.

2

Medical AR Follow-Up Methodology

Daily AR monitoring for medical claims. Systematic follow-up on claims 15, 30, 45, 60+ days outstanding. Contact insurance companies via phone (escalate to manager when necessary) and payer portals. Investigate claim delays. Request claim decisions on pending claims. Identify and resolve payment discrepancies. Maintain Days in AR at or below 40-day benchmark.

Medical Denial Management & Updates

Medical Denial Analysis & Appeals

Analyze medical claim denials identifying root causes: coding errors (incorrect CPT, wrong modifier), missing documentation (insufficient medical necessity), eligibility issues (coverage gaps, patient not eligible), medical necessity denials (payer disputes medical necessity despite documentation). Prepare corrected claims or formal appeals with clinical justification. Pursue multi-level appeals for high-value denials.

Medical Payment Posting & Reconciliation

Post medical EOBs to patient accounts accurately. Reconcile EOB amounts with submitted claims. Investigate discrepancies. Identify underpayments, contractual adjustments, missing payments. Post patient payments by multiple sources. Track write-offs per payer fee schedules. Maintain clear audit trail. Reconcile monthly totals with banking records.

Medical Specialty Updates

Stay current with medical specialty updates: new CPT codes (98000 series telehealth codes), changed modifiers, new medical necessity policies, payer policy updates affecting assigned clients' specialties. Participate in annual CPT update training. Implement changes promptly upon release to maintain coding accuracy and compliance.

Current Dental Terminology Mastery

CDT Coding Mastery

Master use of Current Dental Terminology codes (D0000-D9999): diagnostic codes (D0000-D0999), preventive services (D1000-D1999), restorative procedures (D2000-D2999), endodontics (D3000-D3999), periodontics (D4000-D4999), prosthodontics (D5000-D5999), implant services (D6000-D6999), orthodontics (D8000-D8999). Accurate code selection based on documented treatment with proper tooth number notation.

Preventive Dental Services

Accurate coding of preventive services: D1000 (periodic oral evaluation), D1110 (prophy - adult), D1120 (prophy - child), D1206 (fluoride treatment), D1208 (topical fluoride), D1351 (sealant per tooth). Understand frequency limitations (cleanings typically limited 2x/year, exams 2x/year). Identify when frequency limitations prevent coverage.

Restorative & Surgical Coding

Expertise in restorative procedures: D2110-D2394 (composite/amalgam restorations by tooth surface), D2391 (resin-based composite crown), D2710 (crown - porcelain), D7110 (extraction - erupted tooth), D7210 (extraction - surgical removal). Correct tooth number notation. Understand surgical complexity affecting code selection.

Specialized Dental Services

Endodontic Treatment Coding

Root canal therapy coding: D3110 (endodontic therapy treatment), D3220 (intravenous moderate sedation), D3310 (treatment of root canal obstruction), D3421 (reopened after previous treatment). Understand endodontic treatment limitations. Recognize when retreatment coding appropriate vs. new treatment coding. Manage pre-authorization for endodontic services.

Orthodontic Treatment Management

Orthodontic case coding: D8000-D8999 series including comprehensive orthodontic treatment planning codes, monthly visit codes, retention phase codes. Track treatment duration and completion. Manage monthly billing cycles. Understand frequency limitations and insurance coverage for different treatment phases. Coordinate treatment plan updates with insurance modifications.

Prosthetics & Implant Services

Prosthetic appliance coding (dentures, partials, bridges): D5000-D5999 series. Implant-related codes: D6000-D6999 series including implant bodies, abutments, restoration codes. Understand implant treatment sequencing. Manage multi-phase implant cases across multiple billing periods. Coordinate prosthetic services with base restoration.

Dental Insurance & Claims Process

Dental Insurance Verification & Pre-Authorization

Verify dental insurance benefits before treatment: coverage percentage (50%, 70%, 80% by service category), annual maximums, deductibles, frequency limitations. Identify pre-authorization requirements for major services (crowns, implants, surgery). Obtain authorization before treatment begins. Communicate approvals and limitations to patients and clinical staff. Manage treatment plan financial estimates based on verified benefits.

Dental Claims Submission Process

Submit dental claims using X12 837D dental format or payer-specific dental portals within 5-30 days per payer requirements. Route through appropriate clearinghouse. Ensure CDT codes correct, tooth numbers accurate, modifiers appropriate. Track claim numbers and submission confirmation. Manage print-to-mail for payers requiring paper submission. Maintain detailed claim tracking logs.

Dental AR Follow-Up & Collections

Conduct systematic dental AR follow-up on claims 15+ days outstanding. Contact insurance companies to obtain claim status. Identify delay reasons. Request decisions on pending claims. Follow up on patient responsibility balances. Send patient statements for amounts exceeding 30 days. Manage collection calls and payment plan negotiations for patient balances.

Dental Denials & Teledentistry

Dental Denial Analysis & Appeals

Analyze dental denials identifying causes: coding errors (incorrect CDT code), missing documentation, frequency limitation denials (exceeding benefit plan limits), pre-authorization gaps, eligibility issues. Prepare corrected claims. Submit formal appeals with supporting clinical documentation. Track appeal responses. Pursue multi-level appeals. Identify pattern denials and prevent recurrence.

Teledentistry & Telehealth Coding

Specialized coding for teledentistry encounters: D9995 (synchronous teledentistry consultation), D9996 (asynchronous teledentistry consultation). Understand teledentistry limitations (primarily diagnostic/consultative, not surgical/restorative). Recognize procedures not deliverable via telemedicine. Apply telehealth modifiers appropriately. Coordinate with medical insurance when medically necessary dental services billed.

Dental Specialty Updates

Stay current with CDT code updates (released annually). Maintain compliance with state-specific dental billing requirements. Understand state-specific teledentistry regulations. Participate in dental specialty training on new procedures, codes, compliance requirements. Recognize when dental services cross into medical insurance territory (orthognathic surgery, medically necessary extractions).

Team Expansion Capabilities

Team Expansion Eligibility

As independent contractor reaches capacity or desires to expand services to additional clients, request additional support staff or team members through GoTo Telemed. Platform evaluates request based on workload volume, client growth, operational needs. Enables capacity expansion without contractor recruiting, hiring, training burden.

No Additional Hiring Costs

GoTo Telemed provides additional team members (billers, coders, AR specialists, administrative support) at NO additional hiring cost to contractor. Contractor does not incur recruiting fees, hiring agency costs, or employee benefits. Platform absorbs hiring, training, onboarding responsibilities. Contractor focuses on work quality and client service.

Team Member Assignment & Management

Additional team members assigned to support your contractor business. Team members report to you or your designated manager. You direct workflow, assign tasks, manage quality standards. GoTo Telemed provides payroll, benefits, HR management for team members. Team remains dedicated to your assigned clients and business expansion.

Scaling & Revenue Growth

Capacity Scaling Without Overhead

Add team members to scale operations: handle increased claim volumes, expand to additional client assignments, add new service lines (dental + medical hybrid billing, specialized coding, appeals management). Maintain service quality and accuracy standards while handling higher volumes. Unlimited earning potential as team and client base grow.

Team Training & Development

GoTo Telemed provides training and development for assigned team members: HIPAA compliance training, medical coding training, platform training, specialty-specific training. Team members integrate with your business model. Training costs managed by GoTo Telemed. Team readiness enabled for immediate productivity.

Revenue Sharing with Team Members

When GoTo Telemed provides team members, contractor and team members share revenue from assigned clients. Compensation structure transparent. Incentivizes team member performance and quality. Aligns interests of contractor and team members toward maximizing client service quality, approval rates, collections. Team growth directly correlates to revenue growth for all parties.

Pre-Onboarding Phase: Foundation

DAYS -7 TO 0

Building Your Foundation & Commitment

01

Day -7 to -5: Handbook & SLA Review

Read GoTo Telemed 1099 Contractor Handbook thoroughly understanding complete business model, contractor responsibilities, resources provided, compensation, obligations. Review Service Level Agreement carefully identifying all contract terms, payment structure, client assignment (2-5 providers), accuracy targets (99%), insurance verification requirement (24 hours), offshore restrictions (9 states), termination clauses.

02

Day -5 to -3: Questions & Clarification Submission

Prepare comprehensive list of questions regarding SLA terms, business model details, contractor obligations, compliance requirements. Submit questions to info@gototelemed.com for clarification and response. Request documentation of specific compliance requirements, performance metrics, support processes. Obtain written clarifications before proceeding to SLA execution.

03

Day -3 to 0: SLA Execution & Payment Arrangement

Execute Service Level Agreement electronically using e-signature platform provided by GoTo Telemed. Confirm SLA signature authentic and binding. Retain signed copy for records and reference. Arrange payment of $890 upfront payment due within 5 business days of signature. Prepare business registration documentation (EIN, state registration, business license) for submission with signed SLA.

Onboarding Phase: System Access

WEEK 1-2

Infrastructure Setup & Training

Day 1-2 (Week 1): Payment & Documentation

Submit $890 upfront payment to GoTo Telemed within 5 business days of SLA execution. Complete Form W-9 providing tax identification (SSN or EIN) and submit electronically. Submit proof of business registration (EIN confirmation from IRS, state business registration, business license as applicable). Confirm receipt of all documentation with GoTo Telemed.

Day 3-5 (Week 1): System Access Configuration

GoTo Telemed configures full access to all systems upon receipt of payment and documentation. Receive login credentials for: practice management software, integrated EHR, medical/dental clearinghouse, insurance verification portals (Availity, Change Healthcare, NTPC), medical/dental coding software, denial management tools, AR aging reports. Test all system access and verify all credentials functional.

Onboarding Continued: Training & Setup

Day 5-10 (Week 1-2): Mandatory Training Program (24 Hours)

Attend comprehensive onboarding training covering: 8-hour HIPAA Compliance Program (Privacy Rule, Security Rule, Breach Notification procedures), 12-hour Medical Coding Excellence (CPT fundamentals, ICD-10-CM coding, HCPCS codes, telehealth modifiers), 4-hour GoTo Telemed Platform Integration (system walkthrough, workflow processes). Complete all training modules. Retain training materials for reference. Request clarification on any unclear topics.

Day 10-12 (Week 2): Business Infrastructure Activation

Business email domain activated reflecting your independent billing business name. Configure email signature with credentials, contact information, professional branding. Customize professional business website (background information, credentials, specialties, service descriptions, contact details). Verify website functionality and professional appearance. Begin using business email and website for professional communications.

Day 12-14 (Week 2): Assigned Clients Introduction

GoTo Telemed provides introduction to 2-5 assigned healthcare provider clients. Receive comprehensive client information: contact information, current billing status, claims volume, provider specialties, patient demographics, insurance mix, known issues, special requirements. You contact each assigned client to introduce yourself, review current billing status, establish communication protocols, set performance expectations.

Operations Phase: Active Billing

WEEK 3 ONWARD

Daily Operations & Sustained Performance

1

Day 21+ (Week 3): Daily Billing Operations Begin

Submit claims daily/consistently for assigned clients through GoTo Telemed clearinghouse within 5 business days of service. Monitor claim status in clearinghouse and payer portals daily. Conduct daily AR aging analysis. Begin insurance company follow-up on outstanding claims. Manage front-end errors and resubmit within 24 hours. Post received payments daily. Establish daily operational routine and workflow process.

2

Day 24-28 (Week 4): Weekly Client Communication

Provide weekly status updates to each assigned client summarizing: claims processed during week, collections received (insurance and patient), denials handled and actions taken, outstanding claims by aging bucket, upcoming focus areas. Respond promptly to client questions and concerns. Establish regular communication schedule and preferred contact methods. Build client relationship and confidence in your billing service.

3

Day 28-30 (Month 1): First Monthly Report

Generate comprehensive monthly report documenting: total claims submitted and status, claim approval rates (target 98%+), denial rates and root causes (target <5%), Days in Accounts Receivable (target ≤40 days), collections received total, appeal submissions and recoveries, performance against all SLA metrics. Submit report to assigned clients and GoTo Telemed. Submit $310 deferred payment due 30 days after first client assignment began.

Continuous Operations & Growth

1

Month 2+ (Ongoing): Sustained Operations

Maintain daily billing operations: claim submission, AR follow-up, denial management, payment posting. Provide weekly client communication. Generate monthly performance reports. Implement process improvements based on performance metrics. Participate in ongoing training, policy updates, compliance updates from GoTo Telemed. Request support or training when facing challenging scenarios. Monitor performance against 99% accuracy target and other SLA metrics. Build long-term client relationships and revenue growth.

2

Continuous Operations (Year 1+): Business Growth & Scaling

As assigned clients grow (add providers, increase services), your workload and revenue scale proportionally. Request additional client assignments if capacity available. Consider adding support staff through GoTo Telemed (no additional hiring cost). Expand service offerings based on client needs. Build professional reputation and specialization. Develop deep expertise in assigned clients' specialties and needs. Plan for contract renewal upon 24-month completion. Evaluate business performance against 24-month trajectory.

Performance Metrics & Success Indicators

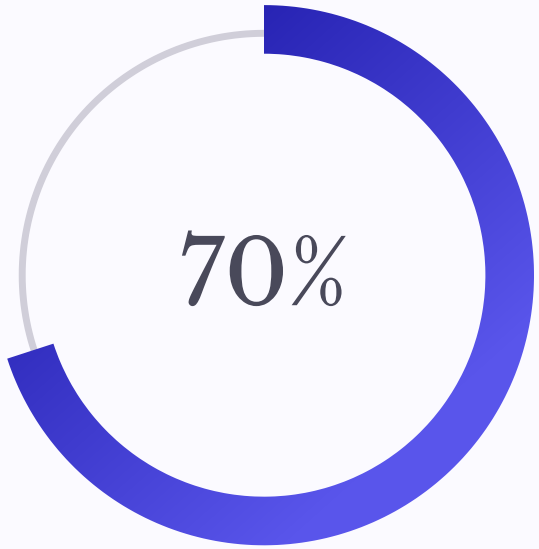
98%	<5%	⩽40	99%
Clean Claim Rate Target	**Claim Denial Rate Target**	**Days in AR Target**	**Billing Accuracy (SLA Required)**
First-pass claim acceptance without rejections or corrections	Maintain denial rate below 5% of total claims submitted	Maintain Days in Accounts Receivable at or below industry benchmark	Required accuracy in coding, claims submission, AR management, compliance

Achieve 98% or higher first-pass claim acceptance rate through accurate coding, complete documentation, correct demographic information, proper payer routing. Track claims by submission and monitor rejection rates. Implement process improvements targeting higher acceptance rates. Clean claims reduce AR days and improve cash flow for assigned clients.

Additional Performance Targets

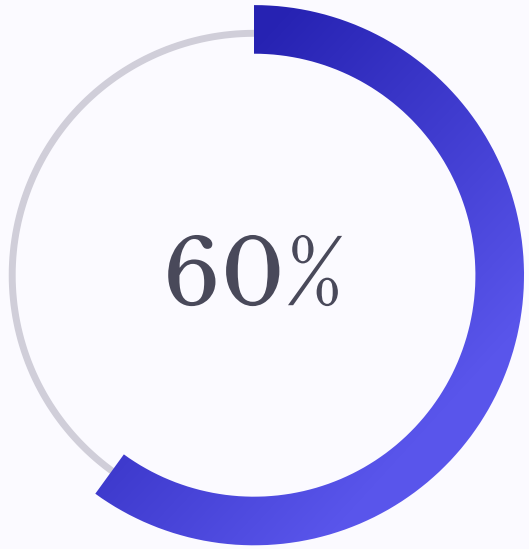
Insurance Verification Compliance

Verify insurance eligibility within 24 hours of appointment scheduling per SLA mandate. Proactive eligibility determination prevents post-visit claim rejections. Track verification completion rates. Ensure 100% compliance with 24-hour verification requirement. Document all verification activities for audit trail.



Appeal Success Rate Target

Track appeals submitted to payers for denied claims. Monitor appeal approvals, denials, partial approvals. Calculate appeal success percentage. Target 70% or higher success rate on valid appeals. Pursue multi-level appeals for valid denials. Higher appeal success rates improve client revenue recovery.



Patient Collection Rate Target

Track patient responsibility collections from patient balances sent for collection. Calculate collection percentage of billed amounts. Target 60% or higher collection rate on self-pay balances. Conduct professional collection calls. Implement payment plans. Higher collection rates improve client cash flow.

Generate detailed monthly reports to assigned clients documenting all KPIs: claims volume, approval rates, denial rates and causes, collections, DAR, appeals, performance against targets. Provide trend analysis identifying performance improvements, areas needing attention, process improvements. Calculate month-over-month improvements. Present data-driven recommendations for revenue optimization.

Getting Started: Your Action Plan

01

Step 1: Complete Handbook & SLA Review

Read entire 1099 Contractor Handbook understanding complete business model, contractor responsibilities, obligations, resources provided, compensation structure, contract terms. Review Service Level Agreement identifying all binding terms: $1,200 enrollment investment ($890 upfront + $310 deferred), 2-5 client assignment, 99% accuracy requirement, 24-hour verification requirement, 24-month term with auto-renewal, 60-day termination notice, 9-state offshore restrictions.

02

Step 2: Prepare Questions & Clarifications

Identify any questions regarding SLA terms, compensation model, performance metrics, obligations, support available. Email questions to info@gototelemed.com for written clarification. Request specific documentation: compliance requirements, support processes, performance tracking, resource access details. Obtain written responses addressing all concerns before proceeding.

03

Step 3: Execute SLA & Submit Documentation

Email completed and electronically signed Service Level Agreement to info@gototelemed.com. Subject line: "1099 Contractor SLA Submission - [Your Name]". Include completed Form W-9 (provide SSN or EIN). Include business registration proof (EIN confirmation, state registration, business license). Include brief bio/resume highlighting medical billing experience, certifications, specialties.

04

Step 4: Submit Payment & Await Review

Submit $890 upfront payment via wire transfer, check, or platform-provided payment method within 5 business days of SLA signature. GoTo Telemed reviews submission within 3-5 business days. May request additional information or clarification. Upon approval, provides next steps and detailed onboarding timeline. Confirms system access configuration date and training schedule.

05

Step 5: Complete Onboarding (Weeks 1-2)

Receive system access credentials upon payment clearance. Complete 24-hour mandatory training (HIPAA 8 hours, Medical Coding 12 hours, Platform Integration 4 hours). Activate business email and website. Meet assigned clients (2-5 providers). Establish client relationships and communication protocols. Complete all onboarding requirements by end of Week 2.

06

Step 6: Begin Active Operations (Week 3+)

Transition to daily billing operations: submit claims, monitor status, conduct AR follow-up, manage denials, post payments, generate reporting. Provide weekly updates to assigned clients. Generate monthly performance reports (claims volume, approval rates, denials, collections, DAR). Implement process improvements based on metrics. Build sustainable, scalable billing business with GoTo Telemed platform and support.

> **Your journey to independent business success begins now. Welcome to GoTo Telemed.**