Infinitus

INFINITUS SOLUTIONS FOR HEALTH SYSTEMS

Alleviate staffing shortages and improve patient experience with Al

Infinitus automates phone calls to commercial and government payors and pharmacies. Our AI agent augments staff by completing tedious tasks such as benefit verification, prior authorization follow-up, and prescription support — quickly and accurately.



Benefit verification

Automate benefit verification calls to major medical insurers and pharmacy benefit managers (PBMs) to quickly confirm coverage, ensuring a smooth patient experience.

Collect data such as:

- Plan information (out of pocket, deductible, plan type)
- Referral status
- Facility and physician network
 status
- Durable medical equipment
- Drug cost share/coverage information
- Procedure cost share/coverage information
- Coordination of benefits
- Acquisition: buy and bill, specialty pharmacy

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Prior authorization

Reduce the time it takes to confirm prior authorization status, and decrease time to therapy by gathering prior authorization information.

Collect data such as:

- Prior authorization required (yes/no)
- Not on file
- Pending
- Approved (plus approval details)
- Denied (plus denial reason, appeal options)





Prescription support

Understaffed hospitals and pharmacies can't afford for their administrative staff and pharmacists to be tied up on the phone. Automate prescription transfer from one pharmacy to another and apply patient savings information.

Collect data such as:

- Confirm request received
- Transfer status (successful/ unsuccessful)
- Patient savings card status (on file/not on file)
- Patient savings card eligibility and application confirmation

Improve patient outcomes



Increase access

Infinitus has expertise in over 1,000 therapies and procedures that treat diseases such as rheumatoid arthritis, cancer, heart disease, and diabetes. Verify benefits with over 500 payors.



Decrease time to therapy

Eliminate backlogs and collect eligibility verification for both inpatient and outpatient treatments as soon as possible. Infinitus returns accurate cost sharing and prior authorization requirements quickly and consistently.



Increase affordability

Increase patient awareness and adoption of financial assistance and copay programs. Infinitus collects patient maximizer and accumulator data upfront, helping customers expedite a path to coverage to prevent treatment delays.

Gain operational efficiencies



Address workforce challenges

Reallocate team members to more strategic tasks and improve morale by quickly offloading tedious payor calls. With Infinitus, employees can focus on more rewarding activities and clinical staff can practice at the top of their license. Implement a solution in as little as 30 days to ensure that team members see an impact within a matter of weeks, not months.



Optimize RCM processes

Reduce claim denials and increase revenue by accurately capturing patient insurance and financial responsibility at the front end of the revenue cycle. Infinitus is 10% more accurate than manual callers because of our proprietary, standardized call flow, which is based on expertise from making millions of calls.



Reduce cost

Free up thousands of hours of team time and offset hiring costs with automation. Infinitus can make an unlimited number of calls at any time of day to help customers scale up payor calls quickly without expanding their team. During reverification season, increase call volume without limits and avoid costly temporary hiring cycles.

Infinitus by the numbers

50% Return on investment

Days to

ao live

30% Faster than

humans

3M+ Calls automated to date 10% Higher data

quality

500 +

Payors

supported

98% Call complete

rate

1000+ Therapies and

procedures supported

150 Call data fields

Save your team thousands of hours

Automate routine outbound calls to payors and PBMs, saving your team valuable time and resources. See how healthcare companies are scaling up — without staffing up — with Infinitus.

Learn more by visiting infinitus.ai or contact us to get started.



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