RisenFynix / MVA Simplified

Medical Billing Workflow Infographic

Healthcare VA Learning Hub | Learn US Healthcare Admin One Workflow at a Time.

Resource type	Infographic
Who it is for	Medical billers, RCM beginners, AR specialists, Medical VAs, schedulers, receptionists, and authorization learners.
When to use it	Use when you need a one-page map of the full revenue cycle before practicing one task.
How to use it	Read from intake to resolution. For each step, ask what data is needed, who owns the next action, and what happens if the step is wrong.
Last reviewed	July 2026

Core learning rule: Where does this happen? Why does it matter? What happens if it is wrong?

Infographic content

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Medical Billing Workflow

How one patient visit becomes a claim, payment, denial, or AR follow-up.

TYPE	Infographic
WHO	Medical billers, RCM beginners, AR specialists, and Medical VAs.
WHEN	Use when learning how front-end accuracy affects back-end outcomes.
HOW	Follow each box from intake to resolution and name the risk if the step is wrong.

Workflow stage: End-to-end RCM claim lifecycle

1. Intake
Scheduling, registration, demographics, insurance collection, visit type.

2. Verify
Eligibility, benefits, network, COB, referral, authorization triggers.

3. Care
Patient receives service and provider documents the visit.

4. Code/Charge
Codes, units, provider, location, fees, and documentation align.

5. Submit
Claim is scrubbed, submitted, and checked for rejection risk.

6. Adjudicate
Payer reviews the claim and returns payment, adjustment, or denial.

7. Post/Review
ERA/EOB is posted; denials and underpayments are identified.

8. Resolve
AR follow-up, corrections, appeals, patient billing, and final resolution.

COMMON MISTAKE AVOIDED
Thinking medical billing starts only when a claim is submitted.

NO-PHI REMINDER
Do not use or enter real patient names, dates of birth, insurance IDs, member IDs, claim numbers, medical record numbers, addresses, phone numbers, diagnoses, treatment details, login details, or protected health information. Use fictional data only when practicing.

EDUCATIONAL DISCLAIMER
This resource is for beginner-friendly healthcare admin education only. It is not medical advice, legal advice, coding certification, payer-specific billing authority, a replacement for employer training, or a guarantee of employment. Always verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

SOURCE / REVIEW NOTE
This beginner resource explains general claim and billing workflow concepts. Requirements can vary by payer, plan, provider type, specialty, place of service, contract, and current policy. Last reviewed: July 2026.

Workflow context

A paid claim does not start at payment posting. It starts with accurate front-end information, continues through middle RCM claim preparation, and ends only when the account is resolved.

Common beginner mistakes

- Starting with denials before understanding front-end prevention.
- Thinking an accepted claim is always paid.
- Skipping documentation of next action.
- Forgetting that authorization approval details must match claim details.
- Moving balances forward without payer/client policy support.

Safe practice reminder

Practice with fictional examples only. Do not copy real work queues, payer portals, clinic notes, employer SOPs, screenshots, patient accounts, or client information into any practice file.

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Recommended next step

Next: choose one workflow step and practice it in the 30-Day Study Plan Tracker.