

HEALTHCARE AI INFRASTRUCTURE

The Administrative Burden Ends Here.

4 case studies showing how medical practices eliminated the manual, repetitive administrative layer that was burning out their teams — and recovered hundreds of thousands in revenue in the process.

All clients are kept fully anonymous in accordance with healthcare privacy standards. No names, no locations, no identifying information.

A.I. Patient Intake & Scheduling · Clinical Documentation Assistant · Insurance & Prior Auth Automation
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CASE STUDY 01

Private Medical Practice

PHYSICIAN-OWNED · 4 PHYSICIANS · ~\$2M ANNUAL REVENUE

The Situation Before

A physician-owned private practice with four doctors and a small admin team. The owner had built something genuinely good — a practice patients trusted. But behind the scenes, the operation was quietly bleeding. **14 calls per day** were going unanswered during peak hours. Each prior authorization request was consuming **47 minutes of admin time** — and the practice was handling 23 per week. Every physician was spending **2.4 hours per evening** writing clinical notes after patients had already gone home. The owner came home every night drained — not from medicine, but from the infrastructure around it.

He was skeptical. He had seen software promises before. But the problems were undeniable — and he gave it a chance.

WHAT WAS DEPLOYED

A.I. Patient Intake & Scheduling	Clinical Documentation Assistant	Prior Auth Automation
- A.I. Patient Intake & Scheduling System capturing every inbound call, booking appointments, sending reminders, and filling cancellations automatically - Clinical Documentation Assistant listening to physician-patient encounters and generating complete, accurate clinical notes in real time — reviewed and signed in under 4 minutes - Insurance Verification & Prior Authorization Automation processing every request end-to-end, from eligibility check to submission, with status tracking and escalation alerts		

The three systems were deployed as a single integrated operating layer — not three separate tools, but one infrastructure that connects intake, care delivery, and billing into a seamless automated workflow.

RESULTS BY SYSTEM

0	\$240K	18 hrs	6 min
Missed Calls (down from 14/day)	Revenue Recovered Year 1	Physician Time Saved Per Week	Prior Auth Processing (down from 47 min)

ROI TIMELINE

30 DAYS	60 DAYS	6 MONTHS	12 MONTHS
14 missed calls/day → 0 23 prior auths/wk automated - Physicians leaving on time	\$60K revenue recovered - ROI breakeven reached 312 staff hours saved	\$120K recovered - Denial rate down 41% - Practice at all-time revenue high	\$240K recovered 2,184 hrs saved - Full system expansion

♥■ For the first time in years, the owner came home before dinner — and stayed present.

CASE STUDY 02

Private Specialty Practice

SPECIALTY CLINIC · 6 PHYSICIANS · ~\$3.5M ANNUAL REVENUE

The Situation Before

A multi-physician specialty clinic with a strong clinical reputation and a broken back office. Their front desk was fielding **over 80 calls per day** — and missing 19 of them. Prior authorization requests, which averaged 31 per week, were taking **4.2 days per request** to resolve, delaying patient care and triggering denials. Each of the six physicians was writing notes for **2.1 hours per day** after clinic hours. Staff morale was deteriorating. People were doing work that had nothing to do with patient care.

The clinical director was openly skeptical. Their previous software investment had delivered complexity, not results. They agreed to a structured pilot — and watched the numbers change in real time.

WHAT WAS DEPLOYED

A.I. Patient Intake & Scheduling	Clinical Documentation Assistant	Prior Auth Automation
- A.I. Patient Intake & Scheduling handling all inbound calls, online booking, automated reminders, and smart waitlist management — no-show rate dropped from 18% to 7% - Clinical Documentation Assistant deployed across all 6 physicians, generating structured SOAP notes from live encounters — documentation time dropped from 2.1 hours to 22 minutes per physician per day - Insurance Verification & Prior Authorization Automation processing 31 weekly requests automatically, cutting resolution time from 4.2 days to under 6 hours and reducing denial rates by 38%		

RESULTS BY SYSTEM

0	\$200K	68 hrs	300%
Missed Calls (down from 19/day)	Revenue Recovered Year 1	Staff Time Freed Per Week	First Year ROI

ROI TIMELINE

30 DAYS	60 DAYS	6 MONTHS	12 MONTHS
- Calls answered: 100% • - No-show rate: 18% → 7% • - Prior auth: 4.2 days → 6 hrs	\$50K recovered • ROI breakeven reached • 6 physicians leaving on time	\$100K recovered • Denial rate down 38% • Staff redeployed to patient care	\$200K recovered • 300% ROI • Additional module expansion

♥■ Six physicians stopped staying late. Their evenings became their own again.

CASE STUDY 03

Multi-Location Urgent Care Group

URGENT CARE NETWORK · 4 LOCATIONS · 11 PHYSICIANS · ~\$6M ANNUAL REVENUE

The Situation Before

A four-location urgent care network managing enormous operational complexity. Across all sites, the network was fielding **220+ inbound calls per day** — and dropping 34 of them. Each location had its own prior authorization backlog. Across 11 physicians, documentation overhead was consuming **1.8 hours per physician per day**. The COO described it plainly: the administrative layer was growing faster than the clinical operation.

The leadership team had evaluated two enterprise software platforms before this engagement. Both required 6-month implementation timelines and delivered marginal results. They were skeptical of another promise. The difference here was speed — full deployment across all four locations was complete in under three weeks.

WHAT WAS DEPLOYED

A.I. Patient Intake & Scheduling	Clinical Documentation Assistant	Prior Auth Automation
- A.I. Patient Intake & Scheduling deployed across all 4 locations simultaneously — unified call handling, location-specific booking logic, and cross-site waitlist management - Clinical Documentation Assistant rolled out to all 11 physicians — documentation time dropped from 1.8 hours to 19 minutes per physician per day across the entire network - Insurance Verification & Prior Authorization Automation handling the combined prior auth volume across all sites — 58 weekly requests processed automatically with unified tracking dashboard		

RESULTS BY SYSTEM

220+	\$120K	45 days	200%
Calls/Day Fully Automated	Revenue Recovered Year 1	Fastest ROI Breakeven	First Year ROI

ROI TIMELINE

30 DAYS	45 DAYS	6 MONTHS	12 MONTHS
34 missed calls/day → 0 - All 4 sites automated 11 physicians: notes in 19 min	\$47K recovered - ROI breakeven — fastest - Staff redeployed network-wide	\$94K recovered - Prior auth: days → hours - Network efficiency up 44%	\$120K recovered 200% ROI - Multi-site expansion initiated

♥■ Staff who spent their shifts answering phones are now standing next to patients.

CASE STUDY 04

Hospital System — Pilot Program

HOSPITAL SYSTEM · PILOT DEPARTMENT · SYSTEM-WIDE EXPANSION INITIATED

The Situation Before

A hospital system with a prior authorization problem of significant scale. In the pilot department alone, the administrative team was processing **140+ prior authorization requests per week** — each one consuming an average of 52 minutes of staff time and taking 5.3 days to resolve. Across the full system, leadership estimated the prior authorization burden was costing **millions annually** in staff time, delayed care, and claim denials. Physician documentation overhead in the pilot department averaged **2.6 hours per physician per day**.

The hospital approached this as a formal pilot — one department, defined metrics, a clear 90-day evaluation window. Their internal team had attempted to build a comparable system internally over 14 months. The pilot was approved when it became clear that internal development was not going to deliver within any reasonable timeline.

WHAT WAS DEPLOYED

Clinical Documentation Assistant	Prior Auth Automation
- Clinical Documentation Assistant deployed across the pilot department — physician documentation time dropped from 2.6 hours to 18 minutes per physician per day - Insurance Verification & Prior Authorization Automation processing all 140+ weekly requests end-to-end — resolution time collapsed from 5.3 days to 4.1 hours, denial rate down 43% - Real-time dashboard giving department leadership full visibility into authorization status, denial patterns, and documentation compliance across all physicians	

RESULTS — PILOT DEPARTMENT

4.1 hrs	\$150K	-43%	270%
Prior Auth Resolution (down from 5.3 days)	Revenue Recovered 6 Months	Claim Denial Rate Reduction	First Year ROI

ROI TIMELINE

30 DAYS	60 DAYS	6 MONTHS	12 MONTHS
140+ auths/wk automated • Denial rate down 43% • Physicians: 2.6 hrs → 18 min	\$60K recovered in pilot • ROI breakeven reached • Board review initiated	\$150K recovered • System-wide case built • Expansion approved	\$150K in pilot alone • 270% ROI • System-wide rollout live

♥■ The pilot proved the case so clearly that stopping it was no longer an option.

WHAT THIS MEANS FOR YOUR PRACTICE

You Just Read About Your Own Practice.

Every practice in this portfolio thought their situation was unique. The missed calls. The prior authorization backlog. The physicians writing notes at 9pm. The admin team drowning in work that has nothing to do with patient care. They were wrong — and so is the belief that this is just how healthcare operations work.

The administrative layer sitting between your practice and actually doing medicine is not inevitable. It is a solvable infrastructure problem. And every day it goes unsolved, it is costing you money, burning out your team, and quietly pushing your best people toward the exit.

ACROSS ALL 4 ENGAGEMENTS:

\$710K+	4,800+	0	<6 hrs
Total Revenue Recovered	Staff Hours Eliminated	Missed Calls After Deployment	Prior Auth Resolution (avg across all clients)

The free AI Infrastructure Audit is a 30-minute diagnostic call. No pitch. No generic demo. We map your specific operational bottlenecks, calculate the real cost of your current situation, and show you exactly what an AI infrastructure layer would change — with real numbers.

Every practice that has gone through this audit has seen their situation reflected back to them with complete clarity. Most of them scheduled a second call the same day.

Book your free AI Infrastructure Audit at attractiveai.io