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HOSPITAL OPS GUIDE

Reducing Revenue Leakage in Hospital Billing

Find and plug the dozens of small gaps where money quietly escapes: uncoded consultant charges, missed consumables, and uncollected dues.

A practical operations guide for Indian hospitals

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What revenue leakage looks like

Revenue leakage is money a hospital earned but never collected, because it was never billed, was under-billed, or was billed and then never followed up.

It is almost never a single dramatic loss. It is a slow drip, a missed charge here and an uncoded procedure there, that adds up to a meaningful percentage of revenue by year-end. Leakage hides because each instance is small and looks like a rounding error. But patterns emerge when you look across a quarter: the same procedure routinely under-coded, the same consultant's charges frequently missing, the same insurer consistently short-paid without challenge.

Missed or under-coded consultant charges

When a consultant sees a patient but the visit is never captured, or is captured at the wrong fee, that professional fee simply vanishes. This is one of the largest leakage sources in consultant-heavy hospitals, because the consultant assumes they will be paid while the charge was never raised at all.

Where money escapes

- Visits seen but never entered into billing.
- Procedures performed but coded at a lower grade or not at all.
- Consumables and implants used but not logged against the case.
- Package add-ons absorbed silently instead of billed.

> **LEAKAGE NOBODY OWNS**
>
> The most dangerous leakage is the kind nobody owns. If no single dashboard shows missed charges and aging dues together, each gap is somebody else's problem, which means it is nobody's.

Collection follow-up gaps

A bill raised is not revenue earned until it is collected. Partial payments left un-chased, insurer short-payments accepted without query, and patient dues that age past the point of recovery are leakage just as surely as a charge that was never raised. Aging that nobody watches is aging that becomes a write-off.

Reconciliation as a control

The antidote to leakage is reconciliation used as a control, not an afterthought. Match visits to charges, charges to collections, and collections to consultant payouts. Every break in that chain is a leak you can find and fix before it becomes a write-off.

> *You cannot plug a leak you cannot see. Leakage control is really just the discipline of reconciling, relentlessly, where money changes hands.*
>
> ConsultPro Finance Playbook

Building a leakage dashboard

- [ ] Track the gap between visits seen and visits billed, by consultant.
- [ ] Flag procedures and consumables logged clinically but missing in billing.
- [ ] Monitor aging buckets and insurer short-payments weekly, not yearly.
- [ ] Review the leakage report in a standing finance meeting so a person owns it.

Plugging leakage rarely requires raising prices or chasing new patients. It requires capturing and collecting what you have already earned. A hospital that reconciles relentlessly recovers a surprising amount of revenue that was always there, just quietly slipping away.

See every leak in one dashboard

ConsultPro reconciles visits, charges, collections, and consultant payouts so missed charges and aging dues surface before they become write-offs. Start your free 14-day trial at **consultpro.in.net**.

This guide is general information for hospital finance teams and is not legal or financial advice.