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PracticeCore, the first MSO Dedicated Exclusively to Neurosurgery, Brain, and Spine Care

Set to Optimize Revenue Cycle and Navigate the Growing Complexities for Physician Practices, ASCs, and Hospital Systems

CHARLOTTE, N.C. — November 5, 2025 — [PracticeCore](#), an operator-led management services organization (MSO), announced its official launch to help specialty medical groups, hospital systems, and ambulatory surgery centers (ASCs) maximize revenue integrity and throughput across the full episode of care. Founded from one of the nation's largest neurosurgical enterprises, PracticeCore pairs specialty-grade [revenue cycle management \(RCM\)](#) with disciplined operations, platform-agnostic integration, and payer strategy—while elevating the patient financial experience at every front-facing step.

RCM Scope (End-to-End)

- **Access & Authorization:** Benefits/eligibility, medical necessity checks, clinical documentation support, prior authorizations (surgical & advanced imaging), and financial clearance.
- **Coding & Charge Integrity:** Professional coding for clinic, hospital OR, and ASC; NCCI edits; modifier accuracy; charge capture reconciliation.
- **Claims & Cash Acceleration:** Edits & scrubbing, clean-claim yield, first-pass resolution, denials prevention/appeals, underpayment recovery, payer escalation.
- **AR & Analytics:** DSO reduction, net collection improvement, credit/zero-balance reviews, **contract modeling** and variance analysis, provider productivity dashboards.
- **Platform-Agnostic Integration:** Interfaces and data pipelines that normalize multi-EHR/PM data to standard RCM & financial reporting without forcing a single tech stack.

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Patient Financial Experience (Front-Facing Service)

- **Clear, Compassionate Collections:** Up-front estimates, plain-language statements, and **empathetic scripting** at the front desk and call center.
- **Flexible, Compliant Options:** Digital pay, text-to-pay, secure payment plans, and financial-assistance pathways with documented, auditable processes.
- **Omni channel Support:** Phone, portal, and SMS workflows that shorten resolution time and improve patient satisfaction—without sacrificing accuracy or compliance.
- **Training & QA:** Service standards, call-coaching, and routine QA scoring to keep experiences respectful, consistent, and aligned with organizational policy.

Tenured Experts, Consistent Results

PracticeCore's RCM advantage is powered by continuity and craft. The RCM group's average tenure—20 years—underscores a culture of expertise and continuity. A depth of experience that preserves hard-won knowledge, reduces rework, and sustains performance through payer, policy, and platform changes. Beyond solving RCM complexity, PracticeCore helps organizations solve the staffing challenge: retaining experts, upskilling teams, and standardizing workflows so practices capture every reimbursable dollar—consistently and with excellent patient service.

“RCM is where financial health is won or lost—and it demands experts who stay,” said [Troy Bouzakis, Chief Executive Officer of PracticeCore](#). “Our team's average 20-year tenure means clients don't have to rebuild knowledge every quarter. We stabilize authorizations, elevate coding accuracy, accelerate cash—and we do it while treating patients with dignity through clear estimates, flexible options, and compassionate frontline service.”

“Brain and spine are technically nuanced,” said [Matthew J. McGirt, MD, Chief Medical Officer and Practicing Neurosurgeon](#). “Documentation detail drives prior-auth approvals; surgical decisions shape coding specificity and reimbursement—in hospital ORs and ASCs alike. When seasoned RCM operators and clinicians work as one team, denials drop, access improves, and patients experience a smoother, more respectful financial journey.”

What Makes PracticeCore Different

- **Specialty-Born Expertise:** Deep experience in neurosurgery, physiatry, and pain management across office visits, hospital OR, and ASC cases.

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- **Authorization as a Core Capability:** Dedicated auth teams, evidence checklists, and clinical templates that speed approvals and reduce deferrals/denials.
- **Metrics That Matter:** Standard scorecards for Clean Claim Rate, First-Pass Yield, Denial Rate, Net Collection Rate, and DSO—benchmarked to industry standards and client targets.
- **Provider Partnership, Not “People Management”:** Governance that treats physicians as partners while supporting clinical and non-clinical teams with targeted services and training.
- **Tech-Neutral, Results-First: Platform-agnostic** integration layer to aggregate data from multiple EHR/PM systems into actionable RCM and financial insights.

Clients typically see clean-claim rates at or above 98%, first-pass yield at or above 92%, professional net collection rates at or above 98%, denial rates held to roughly 5–7%, and days sales outstanding in the 35–45 day range. These targets are calibrated to each organization’s baseline, specialty mix, and payer dynamics, with progress reviewed and reported monthly.

Who We Serve: Independent specialty groups, hospital-employed divisions seeking co-sourced RCM, and ASCs needing professional and facility revenue cycle support.

Explore our model & request a consult → PracticeCore.com

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About PracticeCore

The first of its kind, PracticeCore is an operator-led MSO focused on brain and spine, specialty Revenue Cycle Management, coding, analytics, and practice operations for medical groups, hospital systems, and ASCs. Built by experts and driven by solutions, PracticeCore combines long-tenured talent with platform-agnostic data pipelines, disciplined workflows, and patient-first financial services to improve cash performance, reduce denials, and expand access to high-quality care. Stay current on PracticeCore milestones and specialty RCM innovations—follow us on LinkedIn.

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