
*“Before (Company Name), it took us an average of 6 outbound calls over 3 weeks to collect the necessary information for disability claims. Now more than 85% of disability claimants provide all of the necessary information in **less than an hour**” - Fortune 250 Insurance Carrier*

A Reactive and Manually Intensive Claims Cycle

For members who are injured or ill, filing a disability claim often comes at a difficult moment in their lives.

Unfortunately, for disability insurers who want to help their members during these times of need, they often have a reactive and manually intensive claims cycle requiring them to gather critical information via:

- Phone Calls
- Faxes
- Emails
- Postal Mail

Once captured, claims reps will type this information into their claims system, then request additional information to investigate the claim from busy external stakeholders, such as:

- Doctors
- Employers
- Members

This “moment of truth” is not only frustrating for members who are often left wondering about the status of their claim, but also for claims employees, who are often stuck performing repetitive and manual tasks throughout the disability claims cycle.

“The results we got were phenomenal, and we hadn’t written a line of code. We’d never seen anyone who could do that. From our standpoint, (Company Name) were the only ones out there truly doing something different.” - (Insert Name, Title, Company)

Accelerating the Claims Cycle Using AI and Integrated Workflows

(Company Name)'s cloud-native automation platform and no-code workflows enable insurers to proactively communicate and request information via text, email, or Web to accelerate the disability claims cycle.

As information flows in from members, doctors, and employers, (Company Name)'s platform automatically extracts vital data from text conversations, email messages, and various types of documents.

This missing information is then automatically fed into a carrier's system (e.g., core claims application, CRM, etc.) based on their workflow.

Using advanced conversational AI and intuitive process automation workflows, (Company Name) will improve the end-to-end disability claims journey via:

- Increasing claims transparency and communication through automated notifications and self-service access to claim status 24/7/365
- Boosting the customer experience by allowing members to file a claim through their preferred channel of choice
- Allowing claims professionals to provide a human touch during a member's time of need by eliminating manual and repetitive tasks

*"We looked at several vendors to help us transform our customer experience and ultimately chose (Company Name) because of their Invisible App. To be able to serve our customers (especially seniors) on a seamless channel, **without any need for downloads or having to deal with an app**, is a game-changer." - (Insert Name, Title, Company)*

Engage Customers on Their Terms

(Insert Icon) Call Deflection: Decrease wait times for members by giving them the option to switch from a voice call to a digital channel instantly. (More)

(Insert Icon) Two Way Texting: Boost the customer experience via **two-way conversational texting** powered by conversational AI and NLP. (More)

(Insert Icon) Invisible App: Create app-like experiences for web and mobile devices without the need to build or download an app. (More)

(Insert Icon) Claims Emails Triage: Reduce email response time from ***hours to seconds*** through our AI and customized workflows. (More)

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The Disability Claims Journey Using (Company Name)

Note: I wrote out the customer journey below so the design team could create a graphic

Recently, Jennifer injured her knee, and she wants to file a claim with her carrier. When she calls to report her claim, she's given the option to file her claim by text.

Instead of waiting for a call center service representative to take her call, Jennifer texts #FileClaim, and she's immediately asked a specific set of questions based on her insurance company's workflow.

After Jennifer electronically signs her medical authorization form and responds to her carrier questions via text, her information is automatically passed into her carrier's claims system and is routed to a claims adjuster.

As the claims adjuster starts to review Jennifer's claim, (Company Name)'s platform automatically contacts her employer via text or email to confirm their receipt of the new claim, as well as contacts Jennifer's doctor to confirm her disability.

As various parties respond with information regarding Jennifer's claim, (Company Name) automatically maps this information into the carrier's claims systems and alerts Jennifer about her claim's status.

Within a short period of time, Jennifer learns that her claim has been accepted and immediately enrolls to have her benefit payments sent by direct deposit. After each benefit payment is made, Jennifer is notified via text, which gives her peace of mind as she focuses on her recovery.

*“(Company Name) is a true partner in our digital transformation. Their ability to ***rapidly prototype and automate customer journeys*** has provided Unum with a competitive edge, delighting our customers while allowing our employees to focus on higher-value work. As impressive as their*

technology is, the quality of the (Company Name) team may be what sets them apart. *They truly care about our success.*" - (Insert Name, Title, Company)

See Why Leading Insurers are Using (Company Name)

We understand every insurance carrier has its own unique set of needs and ways of conducting business. To see why carriers, such as (Insert Names), and others are using (Company Name), contact (insert name) at (insert email) to schedule a 30-minute consultation today!