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# THE BENEFITS LEFT ON THE TABLE

## How to Recover Year-End Vision Revenue Before It Expires

The Year-End Revenue Playbook for Eye Care

# EVERY DECEMBER, REVENUE WALKS OUT THE DOOR.

Most vision plans operate on a calendar-year cycle. Coverage for an annual eye exam and allowances toward glasses or contact lenses may reset on January 1, which means any eligible benefit a patient does not use can disappear.

For the patient, that can mean delaying an exam or paying more out of pocket later. For the practice, it represents appointments and optical purchases that could have occurred while coverage was available.

These are not unknown prospects. They are existing patients already connected to the practice, often due or overdue for care, with a timely reason to return.

## THE OPPORTUNITY ALREADY EXISTS

The patients, the need for care and the available coverage may already be present. What is often missing is a reliable process that connects them before the benefit resets.

# UNUSED BENEFITS ARE MORE THAN A SCHEDULING PROBLEM

It is easy to view unused benefits as a reminder problem: send a message, fill a few openings and move on. In practice, the consequences extend across patient care, optical performance and the revenue cycle.

When eligible patients do not return, the practice may lose the exam, clinically appropriate diagnostic services, and the eyewear or contact lens purchase connected to that visit.

The effect is rarely visible as one dramatic loss. It appears as small gaps across hundreds of patient records: an overdue recall that was never prioritized, an allowance that was never used, or an open appointment that could have been matched to a patient with an immediate reason to schedule.

### PATIENT CARE

Encourage patients to complete care while their available coverage can help support it.

### SCHEDULE UTILIZATION

Match timely demand with openings before the final weeks become compressed.

### OPTICAL OPPORTUNITY

Create a clearer path from the eligible exam to eyewear or contact lens purchases.

### PATIENT RETENTION

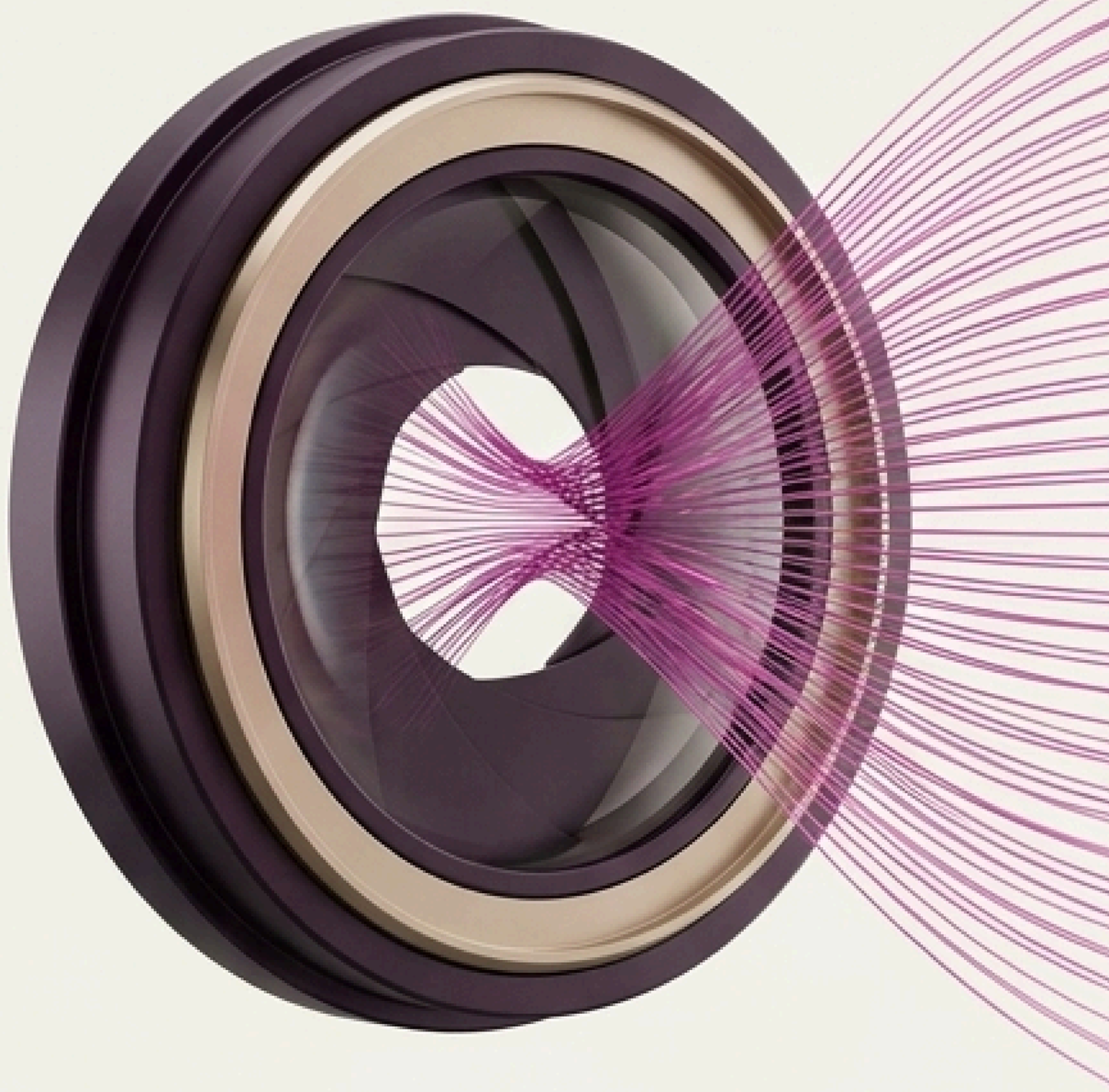
Give overdue patients a relevant reason to reconnect with the practice.

# KNOWING IT HAPPENS IS NOT THE SAME AS STOPPING IT.

Most practices know that benefits expire at year-end. The obstacle is not awareness. It is the amount of coordination required to turn that awareness into action while the team is already managing calls, check-ins, insurance questions, clinical support and a full appointment schedule.

A useful outreach list cannot always be pulled from one field. The practice may need to identify patients with remaining benefits, confirm who is due for care, remove people who are already scheduled, account for communication preferences, and decide who should be contacted first.

Once the list is built, every message, response and appointment must still be handled consistently. That work competes with responsibilities that feel more urgent in the moment, so the campaign is delayed, completed in fragments or assigned to one employee with little uninterrupted time.



## FIND THE RIGHT PATIENTS

Cross-reference benefit, recall and scheduling information instead of relying on a broad list.

## REACH THEM IN TIME

Begin before the calendar and the front desk become crowded with last-minute demand.

## HANDLE RESPONSES

Make it easy to move from interest to a scheduled visit without creating another queue.

## REPEAT CONSISTENTLY

Use a defined process that does not depend on someone finding spare hours.

# THE COST OF WAITING UNTIL DECEMBER

When outreach begins too late, even a strong response can become difficult to serve. Appointment availability is narrower, optical production timelines are tighter, staff members are balancing holiday schedules, and patients have less flexibility.

A patient who could have scheduled in October may instead call during the final two weeks of December, when preferred appointment times are gone. That friction can lead to abandoned calls, delayed decisions or benefits that expire despite the patient's intention to use them.

A better approach treats year-end benefit recovery as a campaign with a runway, not a last-minute blast. Starting earlier gives the practice time to prioritize patients, stagger communication, use cancellations more effectively and adjust the message as availability changes.

### EARLY FALL

Identify eligible or likely eligible patients, validate the audience and establish priorities.

### MID-FALL

Begin targeted outreach while the schedule still offers meaningful choice.

### LATE FALL

Follow up with nonresponders and connect interested patients to remaining openings.

### DECEMBER

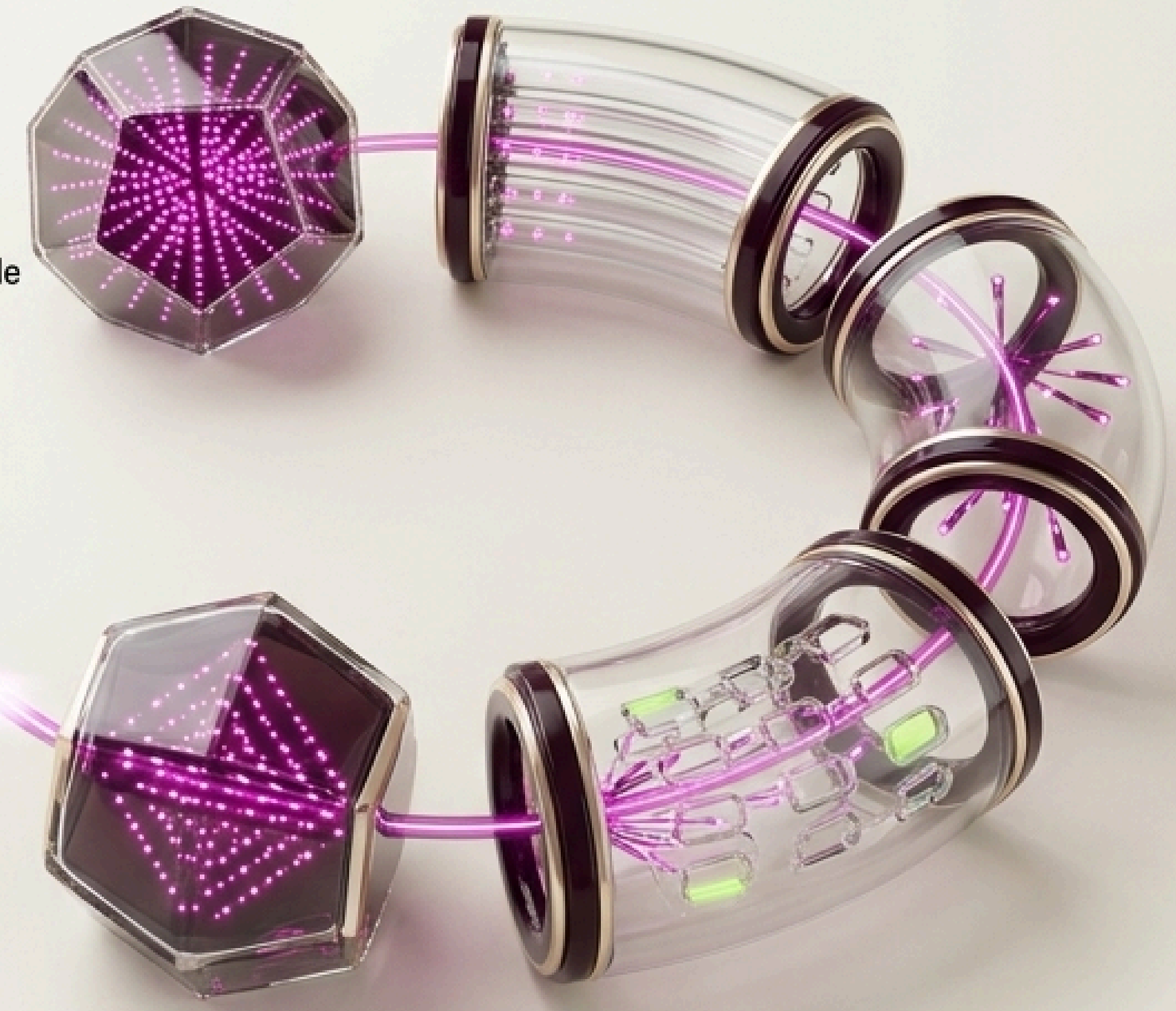
Use focused reminders for the patients most likely to act before benefits reset.

# WHAT A COMPLETE RECOVERY WORKFLOW REQUIRES

Effective benefit outreach is not one message sent to every patient. It is a connected workflow that identifies the right audience, contacts patients at the right time and gives the practice a dependable way to manage what happens next.

Each step affects the one after it. If the audience is inaccurate, the message loses relevance. If the message works but responses sit unanswered, the opportunity still disappears.

The strongest process combines data, timing and follow-through. It recognizes that patients may need more than one reminder, that communication should reflect where they are in the recall cycle, and that people who are already scheduled should not continue receiving the same outreach.



### 1. IDENTIFY

Locate patients with unused or expiring benefit opportunities who are due for care.

### 2. PRIORITIZE

Organize outreach around timing, patient status and available appointment capacity.

### 3. ENGAGE

Use clear, relevant communication that explains the approaching deadline and next step.

### 4. CONVERT

Move interested patients toward scheduling while removing those who have already booked booked.

### 5. MEASURE

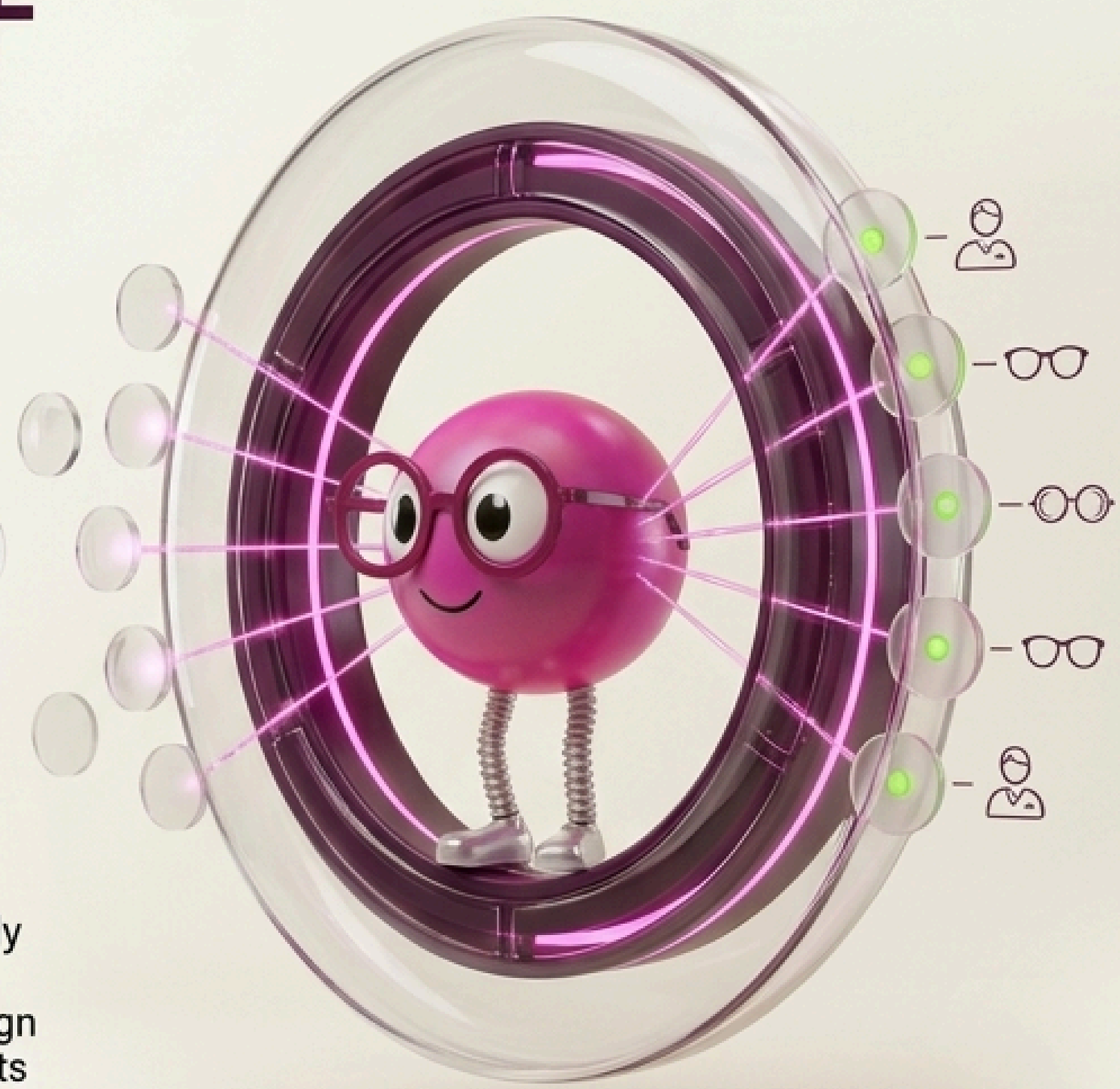
Track outreach, responses and appointments so the workflow improves over time.

# UNUSED BENEFITS: A REVENUE DRIVER ALREADY INSIDE YOUR PRACTICE

The patients are already in your database. Many are due or overdue for care, and some still have vision benefits available for an exam, eyewear or contact lenses. The opportunity exists, but recovering it typically requires staff to identify the right patients, organize the outreach and follow up before coverage resets.

The EVAA Billing Assistant's Unused Benefits feature automates that process. It identifies patients with unused benefits who are due for care and conducts outreach before the year-end deadline, helping the practice turn available coverage into scheduled appointments and revenue.

Instead of asking the front desk to repeatedly pull lists and work through individual reminders, the routine stages of the campaign move through a consistent workflow. Patients receive timely outreach while the team remains focused on the work happening inside the practice.



**80**
**MINUTES**
saved per day

**80%**
**ROI**
on the automated outreach workflow

**~15%**
**INCREASE**
in appointments booked from recovered benefit outreach

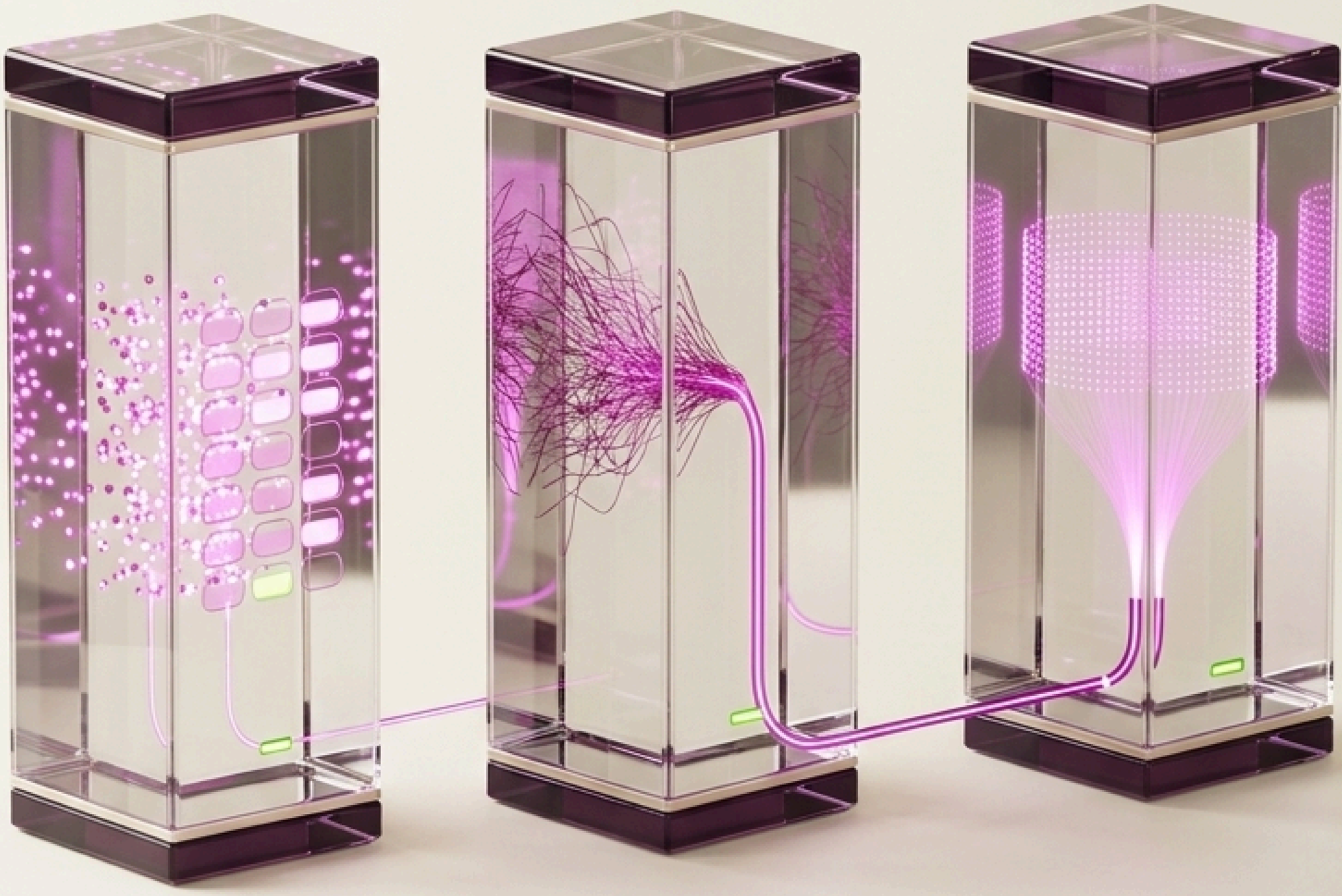
**AUTOMATED OUTREACH**
converts unused benefits into revenue without adding another manual campaign to the front desk

# WHAT THE RESULTS MEAN FOR THE PRACTICE

A consistent workflow changes more than the number of reminders sent. It allows the practice to reach patients earlier, reduce the manual effort required to assemble and work a list, and create more appointments from demand that already exists in the patient base.

The results describe three parts of the same operational improvement. More appointments reflect recovered opportunity. Time saved reflects capacity returned to the team. Return on investment reflects the value of applying automation to a recurring process with a fixed deadline.

Together, they show why unused-benefits outreach should be evaluated as both a revenue strategy and a workload strategy.



**~15%**
**MORE APPOINTMENTS**
booked from recovered benefit outreach

**80 MINUTES**
**SAVED PER DAY**
of manual outreach and list-pulling time

**80%**
**RETURN ON INVESTMENT**
on the automated outreach workflow

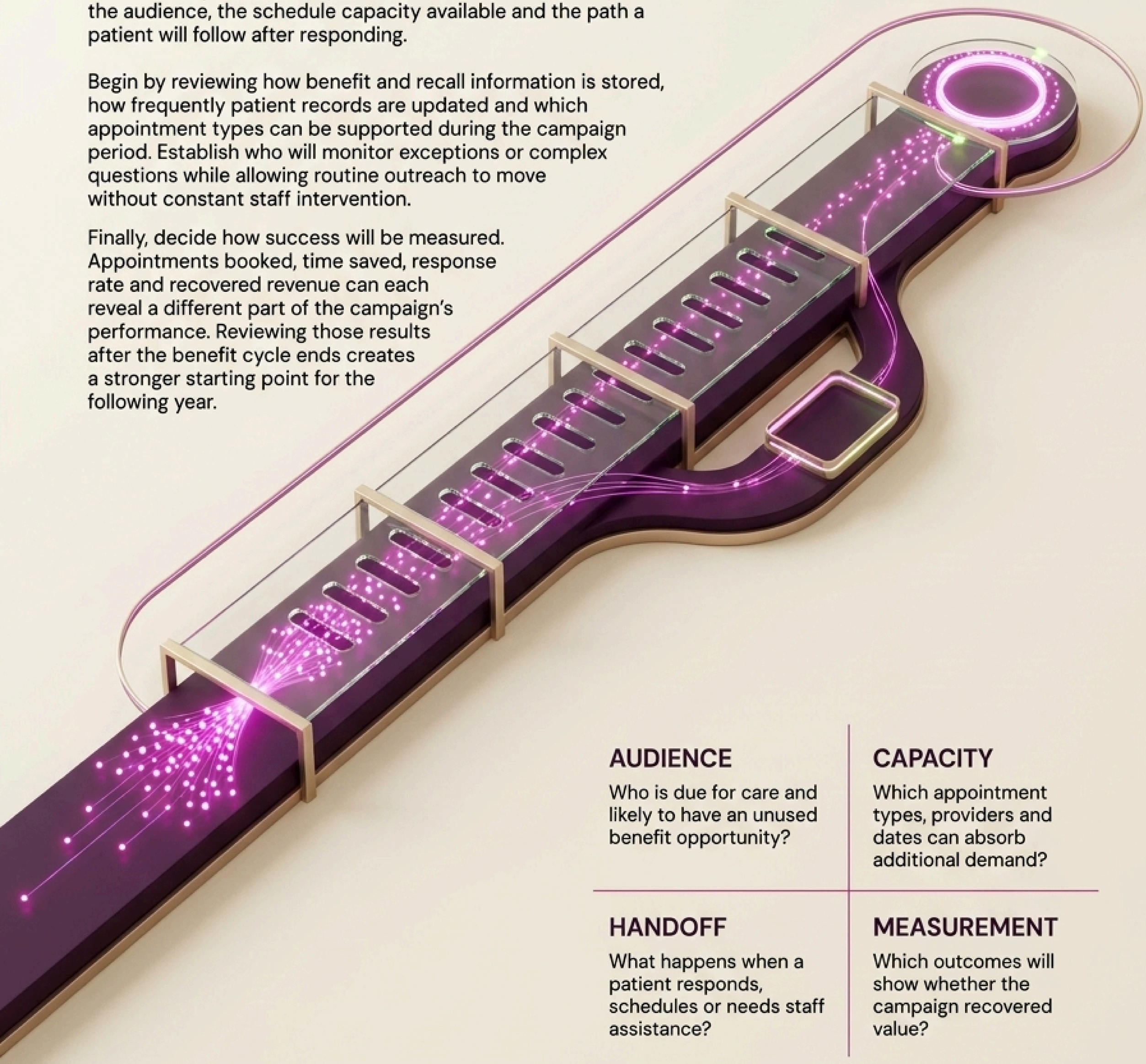
Figures reflect average results measured across eye care practices using the EVAA Billing Assistant. Individual results vary by practice size, patient base and payer mix.

# BUILD THE CAMPAIGN BEFORE THE RUSH BEGINS

The best time to design a year-end benefits campaign is before year-end demand becomes urgent. A practice does not need to wait for every detail to be perfect, but it does need clarity about the audience, the schedule capacity available and the path a patient will follow after responding.

Begin by reviewing how benefit and recall information is stored, how frequently patient records are updated and which appointment types can be supported during the campaign period. Establish who will monitor exceptions or complex questions while allowing routine outreach to move without constant staff intervention.

Finally, decide how success will be measured. Appointments booked, time saved, response rate and recovered revenue can each reveal a different part of the campaign's performance. Reviewing those results after the benefit cycle ends creates a stronger starting point for the following year.



### AUDIENCE

Who is due for care and likely to have an unused benefit opportunity?

### CAPACITY

Which appointment types, providers and dates can absorb additional demand?

### HANDOFF

What happens when a patient responds, schedules or needs staff assistance?

### MEASUREMENT

Which outcomes will show whether the campaign recovered value?

# THE OPPORTUNITY IS ALREADY IN YOUR PATIENT BASE

Your practice may already have the patients, the clinical need and the available benefits. The difference is whether those elements are connected before the calendar resets.

With a consistent outreach workflow, year-end benefit recovery no longer has to depend on a last-minute list or a front-desk employee finding hours that do not exist. The EVAA Billing Assistant helps identify the opportunity, reach patients in time and move more of that existing demand toward care without adding another manual campaign to your team's workload.

See where automated outreach could strengthen your year-end revenue.

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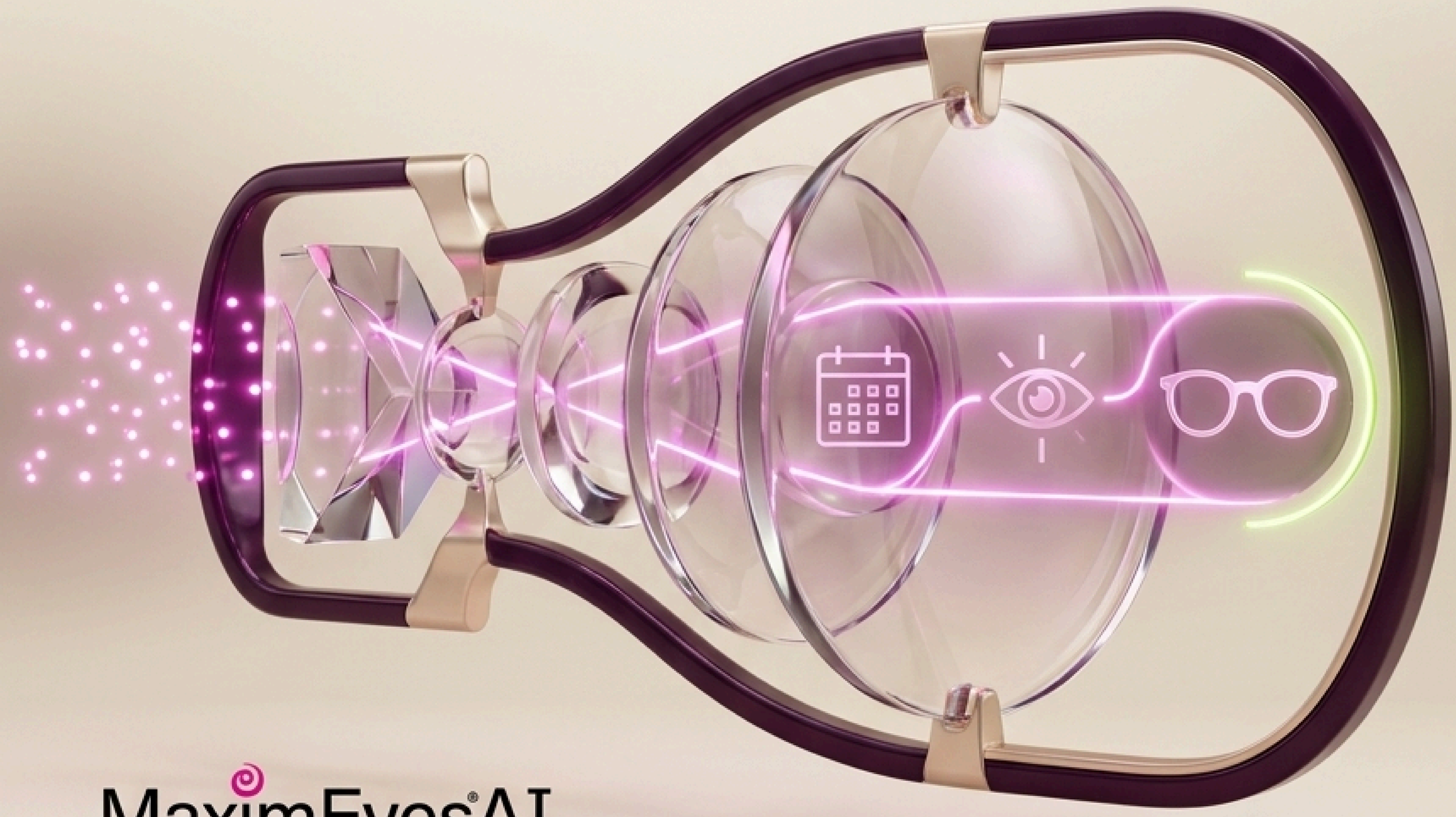

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Building more connected, resilient operations for eye care practices.