

— CASE STUDY · INBOX TRIAGE AGENT

Your inbox, worked before you walk in.

How Valley Diabetes & Obesity turned a two-hour morning fax-and-voicemail sort into fifteen minutes — and recovered \$50K+ that was quietly slipping away.

PRACTICE	LOCATION	TYPE	SIZE	AGENT LIVE	MODEL
Valley Diabetes & Obesity	Modesto, CA	Independent specialty	1-5 physicians	January 2026	Human-in-the-loop

THE CHALLENGE

Forty-seven faxes hit overnight. A prior-auth denial sitting on day 13 of a 14-day appeal window. A pharmacy rejection for a GLP-1. A referral that needs authorization before it can be scheduled. For the first **two hours** of the day, no one on staff has seen any of them.

Fax, email, and voicemail don't queue themselves. Someone sorts every page by hand, decides what's urgent, matches it to a patient, and routes it. Anything that doesn't get sorted doesn't get worked — and unworked items aren't just clutter. They're **revenue**: appeals that expire, rejections no one resubmits — and, for a referral-driven specialty clinic, new patients who keep waiting in the fax pile until they book somewhere else.

WHAT LANDS IN THE INBOX, UNSORTED — 12 CATEGORIES IN ALL

- Faxes
- Voicemails
- Email
- Referrals
- PA denials
- Rx rejections
- Records requests
- ...

Scope note: this covers fax, email, and voicemail — the channels with no native queue. EHR patient-portal messages stay in your existing workflow.

A PA denial on day 13 of 14. A pharmacy rejection for a GLP-1. A referral that needs auth. Your staff won't see any of them for two hours.

WHAT THE AGENT DOES



Reads and routes everything

Ingests fax, email, and voicemail the moment they land, sorts each into one of twelve categories, and auto-routes ~80% to the right queue per your rules — staff review only the exceptions.



Checks coverage before you book

Verifies insurance eligibility and confirms or initiates prior authorization on the referral up front — so a slot is never wasted on a patient who isn't covered or cleared.



Puts referrals at the front of the line

A diabetes & obesity clinic runs on referrals. The agent flags every one — direct and prior-auth-required — and ranks by urgency, so new patients aren't buried in the fax pile, and time-sensitive items like expiring PA appeals and GLP-1 rejections get worked first.



Closes the loop with the referring PCP

Automatically chases the missing records, demographics, and authorizations from the referring office for follow-up — so the referral gets completed instead of stalling in limbo.

THE RESULTS — LIVE IN PRODUCTION

ANNUAL FINANCIAL IMPACT Per physician / yr

\$63K

Saved per physician, per year — from recovered revenue, protected deadlines, and the staff hours handed back every single morning.

- ~80%**
of items auto-routed, no human touch
- \$50K+**
recovered from previously unworked items
- Zero**
missed referrals or expired auth windows
- 100%**
audit trail on every action

<p>BEFORE</p> <h2>120</h2> <p>minutes / day sorting</p>	→	<p>AFTER</p> <h2>15</h2> <p>minutes of review</p>	<p>~88% of the daily sort, gone — the same inbox, processed and prioritized before staff arrive.</p> <p>Coverage across 2,700+ payers, matched and acted on automatically.</p>
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“*The staff aren’t doing less work — they’re doing different work. The agent handles the volume; they handle the judgment calls. That’s how you scale a small practice without burning out your people.*”

VP of Practice Operations
Valley Diabetes & Obesity · Modesto, CA

Why it matters beyond one practice. A blind inbox isn’t a tidiness problem — it’s a slow revenue leak with a deadline. Every appeal that expires and every referral that stalls is money an independent practice can’t afford to lose. The agent doesn’t just sort the volume; it makes sure the clock-sensitive items get worked in time.

Find out what’s slipping through your inbox.
We’ll show you what’s being missed, delayed, or manually sorted.

[Get a free inbox audit →](#)

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