



DAVID MARTINEZ

Medical Billing & UCR Reimbursement Expert Witness

Accurate Billing Investigators, Inc.
McKinney, Texas

Tel: (844) 222-8245

PROFESSIONAL SUMMARY

Medical billing and reimbursement expert with over 35 years of experience in healthcare revenue cycle management, payer methodologies, and claims adjudication. Expertise includes evaluation of billing accuracy, usual and customary (UCR) charges, reimbursement methodologies, and payer denial practices.

Practice includes multi-state reimbursement analysis, with extensive experience in California managed care systems, including HMO, IPA, and risk-based reimbursement structures, in addition to Medicare Advantage and national payer methodologies.

Retained by both plaintiff and defense counsel in complex reimbursement disputes involving hospitals, physician groups, ambulatory surgery centers, and independent providers. Provides case analysis, expert reports, rebuttal opinions, and deposition/testimony services.

AREAS OF EXPERTISE

- Medical billing and coding (CPT, HCPCS, ICD)
 - Usual, customary, and reasonable (UCR) analysis
 - Out-of-network reimbursement disputes
 - ERISA and managed care reimbursement methodologies
 - Claims denials and audit analysis
 - Medicare, Medicaid, and commercial payer compliance
 - Medical record and billing documentation review
 - Fee schedule analysis and reasonable value determinations
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PROFESSIONAL EXPERIENCE

Accurate Medical Billing & Audit / Accurate Billing Investigators, Inc.

Rancho Cucamonga, CA / McKinney, TX
Owner, CEO & Founder

- Founded and operate a national medical billing and audit firm specializing in reimbursement analysis and claims dispute resolution
 - Only billing service to earn Preferred Partner status with San Bernardino County Medical Society
 - Authorized provider of continuing education (CEU) courses for physicians in California
 - Developed advanced denial management and audit protocols
 - Regularly engaged in complex reimbursement dispute analysis
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Consolidated Healthcare Services / A1 Imaging / Hallmark Surgery Center

National Director of Billing & Collections

- Oversaw billing operations for 54 MRI facilities across multiple states
 - Managed team of 24 direct and 72 indirect staff
 - Implemented training programs and revenue cycle improvements
 - Achieved or exceeded collection goals in 16 of 18 months (prior department achieved 1 in 36 months)
 - Reduced backlog without write-offs and implemented automated appeals processes
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Prime Healthcare

Hospital Business Office Manager

- Directed hospital billing and managed care operations
 - Collaborated with legal counsel on medical record interpretation
 - Promoted within five months based on performance
 - Improved compliance and operational efficiency in claims processing
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Perot Systems (Acquired by Dell)

IDX Systems Analyst

- Audited GE/IDX systems and HMO benefit structures
 - Evaluated eligibility systems and contract applications
 - Facilitated executive-level meetings on contract interpretation
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Pomona Hospital Medical Center

Claims Supervisor

- Managed claims staff handling inpatient, outpatient, SNF, ambulance, and ancillary billing
 - Provided training, oversight, and performance management
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Desert Physicians Management

Revenue Recovery (Department Implementation)

- Established revenue recovery operations
 - Managed third-party lien recovery and risk reconciliation
 - Identified and recovered previously unrecognized revenue
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Arcadian Management Services

Manager, Revenue Recovery

- Built and led revenue recovery department
 - Implemented audit methodologies and cost containment strategies
 - Recovered over \$250,000 in non-capitated services
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USC University Affiliates IPA

Manager, Contractual Analysis & Auditing

- Led contract interpretation and compliance with CMS/DHS regulations
 - Developed policies for risk pools, stop-loss, and benefit structures
 - Conducted high-level audits recovering over \$1.2 million
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ProMed Healthcare Administrators

Manager, Revenue Recovery / IT / IS Supervisor

- Directed recovery operations involving risk pools, liens, and insured services
- Achieved \$1.4 million in revenue recovery and cost savings

- Promoted to financial analyst and IT leadership roles
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MedPartners / Pacific Physician Services / US Family Care

Supervisor – HMO Recovery / Customer Service

- Oversaw recovery operations for large capitated patient population (180,000+)
 - Managed shared risk, stop-loss, and COB operations
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Aetna Insurance Company

Senior Claims Adjudicator / Auditor / Trainer

- Top-performing examiner; ranked in top 10 out of 3,000
 - Fastest advancement to Senior Examiner level
 - Specialized in claims adjudication and audit processes
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CERTIFICATIONS

- Certified Professional Coder (CPC)
 - Certified Medical Reimbursement Specialist (CMRS)
 - Certified Claims Auditor
 - Certified Claims Examiner
 - Certified HIPAA Professional
 - Certified Compliance Officer
 - Certified Medical Claims Biller
 - Certified CE Educator (California Board of Chiropractic Examiners)
 - Additional industry certifications
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EXPERT WITNESS EXPERIENCE

- Registered Medical Billing Expert Witness
- Testified in depositions and trial proceedings
- Retained by both plaintiff and defense counsel
- Engaged through:
 - Expert Institute
 - Thomson Reuters

- Round Table Group
 - SEAK
 - Legal Experts Direct (Preferred Status)
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PROFESSIONAL AFFILIATIONS

- California Chiropractic Association (CCA) – Former Co-Chair, Managed Care Committee
 - International Chiropractic Association of California (ICAC)
 - American Academy of Professional Coders (AAPC)
 - American Medical Billing Association (AMBA)
 - Healthcare Billing & Management Association (HBMA)
 - Medical Group Management Association (MGMA)
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LECTURES & PRESENTATIONS

- American Association of Orthopaedic Surgeons (AAOS) – Presenter
 - Foundation for Chiropractic Progress – Featured Lecturer
 - Southern California University of Health Sciences – ICD-10 education
 - International Chiropractic Association of California – CEU instructor
 - Multiple seminars on billing compliance, appeals, and payer practices
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METHODOLOGY

Expert opinions are based on industry standards, regulatory guidance, and systematic analysis of billing records, payer policies, fee schedule benchmarks, and accepted reimbursement methodologies. All analyses are conducted using consistent and replicable frameworks aligned with healthcare industry practices.