



THE AUCTUS GROUP · CASE STUDY

Same surgeon. Same cases. Ten times the revenue — and rising.

A plastic surgery practice in Pennsylvania. The same schedule that netted ~\$100K a month in-network peaked at \$1.16M — by moving the right cases into IDR arbitration.

2026 RESULT

IDR/OON

IN → IDR TRANSITION

THE NUMBERS

ARBITRATION RECOVERIES

\$1.9M

In the first four months — over half landed in a single month

CASE VOLUME

Static

~25 surgical cases a month — the payout moved, not the volume

CASES PAID SO FAR

1 in 3

Two-thirds still working through arbitration — more settlements coming

THE STORY

01 The Problem

In-network, the math never worked. Complex reconstructive cases reimbursed at a fraction of their value, and a full operating schedule netted around \$100K a month. The standard advice — bill more, work harder — misses the point: the problem wasn't the volume, it was the contract.

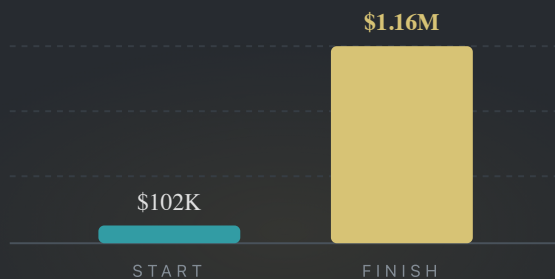
02 What Changed

- ▲ **The right cases moved from in-network to IDR** — reconstructive work priced to what it's worth, not a contracted fraction.
- ▲ **Underpayments routed into arbitration** — \$1.9M recovered in four months, on top of the in-network book.
- ▲ **The in-network book kept running** — same cases, same schedule; only the strategy changed.

THE RESULTS

03 · MONTHLY REVENUE — IN-NETWORK BEFORE VS BEST MONTH ON IDR

10x



04 · REVENUE PER CASE

35x

\$4K → \$139K

Net per paid case — in-network vs settled IDR cases

Only ~1 in 3 IDR cases has paid out so far — the rest are still working through arbitration.

Want numbers like these?

Real client data, anonymized to specialty and state — finding this money is what we do every day.

 **BOOK A CALL**

THE AUCTUS GROUP

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Results from actual Auctus client billing data over a recent four-month window (2026). Individual results vary by practice, payer mix, and case mix.