

Start with one defined workstream.

Your Medical Operations Partner in Türkiye

For international insurers, assistance companies and third-party administrators. Discuss a specific operational need, agree the scope, and evaluate the first workstream before extending the relationship.

01 Clinical file review

A specific clinical question on a defined file.

Agree first: Review question, required specialty, available record types and intended decision.

Your output: Structured review note: available evidence, missing information, unresolved questions and next action.

02 Cost or invoice review

One estimate, cost change or invoice query.

Agree first: Review stage, proposed scope, baseline and document availability.

Your output: Itemised queries and a comparison record separating scope changes, quotation changes, fees and unresolved items.

03 Scoped coordination pilot

One agreed case pathway with a defined boundary.

Agree first: Case profile, requested locations, roles, service hours and reporting needs.

Your output: Pilot protocol, structured updates, action log and a close-out review against measures agreed together.

These are scoping options. Acceptance, capacity, commercial terms and protected information exchange must be agreed before case work begins. Do not send patient records through the public enquiry form.

Make the review visible.

Cost control is a documented review process. A revised quotation alone is not proof of realised savings.

01 Baseline

Record proposed care, service scope, quantities, quotation assumptions and the payer decision required.

02 Clinical rationale

Collect relevant information and route medical-necessity or level-of-care questions to the assigned reviewer.

03 Provider queries

Clarify inclusions, exclusions, duplicate items and differences from the authorised scope.

04 Comparable position

Separate changes in scope from changes in price. Keep estimates, written limits and final invoices distinct.

05 Net comparison

Include the service fee and applicable additional costs; identify unresolved queries and the decision required.

Illustrative calculation - not a client result

For identical service scope: initial quotation EUR 10,000; revised quotation EUR 9,200; gross reduction EUR 800. With an assumed coordination fee of EUR 250 and no other additional costs, the estimated net quotation advantage is EUR 550. Final invoices, actual fees and a validated baseline are required to establish realised savings.

Authority remains explicit

Treating clinicians retain responsibility for treatment. The authorised payer retains coverage, approval-limit and payment decisions. Avenorbis coordinates agreed review and operational work; a review note or cost comparison does not issue a Guarantee of Payment.

Confirm the fit before activation.

Requirement	Agreed with the partner
Locations	Requested cities, provider types and case-specific feasibility.
Clinical scope	Review question, assigned clinician involvement and specialist requirements.
Hours & languages	Service hours, working languages, update targets and urgent escalation arrangements.
Authority & data	Named decision-makers, financial limits, access and protected communication.

Four stages to an agreed operation

Introduction: Share your case profile and current operating questions.

Requirements review: Define the workstream, deliverables, terms and evaluation measures.

Operational integration: Agree contacts, roles, data handling, reporting and escalation; review a sample workflow.

Activation & review: Activate only the accepted scope, review the first workstream and agree whether to extend it.

Assess the first workstream

Information completeness; action ownership and follow-up; cost traceability; reporting against agreed expectations; closure quality; and the next partnership decision. Targets are agreed before activation. No achieved outcomes or universal response guarantees are implied.

Start with your business requirements

avenorbis.com/for-partners
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The partner case portal is currently inactive. Clinical records and policy documents are exchanged only through the protected channel agreed during onboarding.