



Catch the error before the payment.

Trestl checks Hospital Indemnity and Accident claims, and claims for the Critical Illness benefits configured for your plans, against each member's plan before your payment run. Claims that match pay on schedule. The rest wait, with their reason, for your examiners, who decide every finding.



Every finding shows its reason

- **The reason, in plain words:** the plan provision the claim doesn't meet, not a score.
- **What the plan pays,** next to the amount on the claim.
- **The evidence:** the claim history and the plan, and the documents an AI-assisted review compared.
- **The decision trail:** who reviewed it, what they decided and when, written to the audit ledger.

Your team decides

- Findings land in one queue, by product and examiner, with workload views for managers.
- Each role sees its own scope; client users only ever see their organization's claims.
- AI agents read accident reports and clinical records and raise items. They never deny a claim.

A flagged amount is not a saving

Each reported on its own; no single figure stands in for the others.

- **The scope:** the population and period reviewed, the checks completed, any data gaps.
- **Findings:** what Trestl raised, and your team's response to each.
- **Accepted corrections:** the findings your team agreed with and corrected.
- **Confirmed payment outcomes:** what happened, from your authoritative payment source.
- **Attributed financial benefit,** never folded into a flagged amount.

You pay only for findings your team accepts.

A rejected finding is never invoiced, and a partly accepted one bills only the amount you confirm. If a claim we've billed is later reversed in your claims system, we credit it on your next invoice.

Five steps, each its own decision

Stop after any step. You keep claim and payment authority throughout.

- ① **Discovery:** a 30-minute call; products in scope and who owns data and payment decisions.
- ② **Historical diagnostic** (optional): a bounded review of already-paid claims under an agreed scope.
- ③ **Implementation:** file contracts, plan configuration, integration and partner testing.
- ④ **Shadow or live review:** run alongside your process and compare, or review claims before payment.
- ⑤ **Ongoing service:** findings, corrections and outcomes reported as separate measures.

We don't promise findings, savings or a delivery date before we've seen your data.

Tenant-isolated

Encrypted in transit and at rest

US-hosted

Tamper-evident audit trail

BAA available

Findings are presented for review; the carrier or its authorized administrator retains claim and payment authority. Critical Illness is checked for the benefits configured for your plans. © 2026 Trestl Health Solutions, LLC.

