



NEWS RELEASE

# Claritev and Burjeel Holdings Partner to Advance Revenue Integrity Solutions in the MENA Region

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Claritev and Claims Care Revenue Cycle Management, a Burjeel Holdings Company, sign an MoU to bring the US-based Claritev's solutions to the MENA region and collaborate on revenue cycle management capabilities

MCLEAN, Va. & ABU DHABI, United Arab Emirates--(BUSINESS WIRE)-- Claritev Corporation ("Claritev") (NYSE: CTEV) and Claims Care Revenue Cycle Management LLC ("Claims Care" or "CCRCM"), a division of Burjeel Holdings (ADX: BURJEEL), have signed a memorandum of understanding (MOU) to leverage Claritev's Payment and Revenue Integrity solutions for the Middle East and North Africa regional payer market and create a joint product roadmap to offer advanced revenue cycle management (RCM) capabilities in the region.

This collaboration brings two industry leaders from the U.S. and MENA markets together, with an aim to offer innovation and technology that promotes affordable, transparent and higher quality healthcare services. The partnership also marks a significant milestone in Claritev's mission to expand its footprint globally and offer its highly scalable products to new markets.

Under the terms of the MOU, Claritev and Claims Care will combine their resources, domain expertise and regional networks to co-create transformative RCM offerings. These solutions will incorporate Claritev's capabilities in Advanced Code Editing and Decision Science with Claims Care's deep expertise and regional leadership in revenue cycle management to streamline the reimbursement process. The alliance also involves the transition of certain offshore business processes to Claims Care, further deepening operational synergies and market alignment.

"At Burjeel Holdings, we are constantly exploring ways to elevate healthcare delivery through innovation and strategic collaboration. Our partnership with Claritev marks a major step toward transforming revenue cycle



management in MENA. By integrating Claritev's world-class technology with Claims Care's deep market expertise, we aim to drive greater efficiency, transparency and value across the healthcare ecosystem," said John Sunil, Group CEO, Burjeel Holdings.

"Global healthcare is at an inflection point and we are uniquely positioned to transform it with technology and data," said Travis Dalton, Chairman, CEO and President of Claritev. He continued, "Claims Care is one of the largest RCM providers in the Middle East, a key component of Burjeel Holding's integrated healthcare network, and most importantly, is aligned with our vision of providing innovative solutions across the healthcare ecosystem."

## About Claritev

Claritev, formerly known as MultiPlan, is a healthcare technology, data and insights company focused on delivering affordability, transparency and quality to the U.S. healthcare system. Led by a team of deeply experienced associates, data scientists, and innovators, Claritev provides cutting-edge solutions and services fueled by over 40 years of claims processing data. Claritev leverages world-class technology and AI to power a robust enterprise platform that delivers meaningful insights to drive affordability and price transparency, and optimizes networks and benefits design in healthcare. By developing purpose-build solutions that support all key stakeholders – including payors, employers, patients, providers and third parties – Claritev is dedicated to making healthcare more accessible and affordable for all.

Claritev serves more than 700 healthcare payors, over 100,000 employers, 60 million consumers, and 1.4 million contracted providers. For more information, visit [claritev.com](https://www.claritev.com).

## About Claims Care Revenue Cycle Management LLC

Established in 2016, Claims Care Revenue Cycle Management (Claims Care) is one of the largest independent revenue cycle management providers in the MENA region. Operating under Burjeel Holdings—a leading superspecialty healthcare services provider in the MENA region and listed on the Abu Dhabi Securities Exchange (ADX)—Claims Care has 1,000 employees across four international locations and operates highly automated, complex billing and claims management systems. Leveraging AI-based coding, resubmission, paperless authorization, analytical dashboards, and RPA-assisted eligibility verification, Claims Care manages over 3.5 million records, 5.4 million claims, and 1500+ key contracts. Comprehensive solutions span from patient registration to reimbursement. Additional offerings include medical transcription, business and revenue intelligence analytics, and quality assurance audits. Through partnerships with leading insurers, Claims Care is committed to streamlining administrative workflows and strengthening the delivery of patient-centered care across the region.

## Media Relations

Pamela Walker

VP, Corporate Marketing

Claritev

781-895-3118

**press@claritev.com**

## Investor Relations

Jason Wong

SVP, Treasury & Investor Relations

Claritev

866-909-7427

**investor@claritev.com**

Shawna Gasik

AVP, Investor Relations

Claritev

866-909-7427

**investor@claritev.com**

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