

# Advanced Practice

## MANAGEMENT

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### UNPAID CLAIMS TRACKING REPORT CHECKLIST

**For the Month of:** \_\_\_\_\_ **Person Responsible:** \_\_\_\_\_

Number of patients with claims 30 days or more without payment \_\_\_\_\_

Number of E-Claims rejected \_\_\_\_\_

Number of claims re-submitted \_\_\_\_\_

Number of insurance calls made \_\_\_\_\_

Number of Provider Production errors \_\_\_\_\_

Goals = 0 claims over 30 days

5 or fewer over 60 days

#### Pre-Authorizations:

Number of pre-authorizations received \_\_\_\_\_

Number of pre-authorization patients called \_\_\_\_\_

Are the documentation and x-rays available for insurance purposes? \_\_\_\_\_

Are there codes we are getting insurance denials on? \_\_\_\_\_

#### Adjustments:

What is the adjustment % of production? \_\_\_\_\_

What is the collection % after adjustments? \_\_\_\_\_