

# Advanced Practice

## MANAGEMENT

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### **MONTHLY COLLECTIONS TRACKING REPORT CHECKLIST**

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

Number of Patients with accounts 60 days without payment \_\_\_\_\_

Total Amount Outstanding \$ \_\_\_\_\_

Number of Collection Letters Sent: \_\_\_\_\_

Number of Collection Calls Made: \_\_\_\_\_

Number of Contacts Made: \_\_\_\_\_  
(By phone & by payments received)

Number of Accounts Sent to Collections or Court: \_\_\_\_\_