



Accounts Receivable Report Tips

The process of billing does not end when you submit a claim to the patient's insurance company.

- 1. After submission, monitor your account receivables** (i.e., outstanding claims). This may include following up on any denials you might receive. The best way to know if a claim payment is behind schedule or missing is to organize your paperwork.
 - ✓ Keep claims with the shortest filing timelines on top.
 - ✓ If you're using an EMR, generate the standard Accounts Receivable Report from your clinic's EMR system. Run reports by:
 - a. Payer
 - b. Date of service
 - c. 30 or more days outstanding claims.

- 2. Make corrections or contact the insurer** right away to resolve issues you don't understand. This will enable you to resubmit a claim in a timely matter. If you develop a good working relationship with the insurance company representative, it will make it easier for you to work together to resolve problems.

- 3. Familiarize yourself with processing timelines and rules** on filing an appeal for each health plan. Remember, even if your appeal reasoning is correct, you must stay within the specific filing deadline for that specific plan in order to have a successful outcome.