Billing Checklist

Preparing to Submit Claims

☐ Patient's record contains complete demographic information including copies of any and all insurance cards.

☐ Patient's insurance is verified, and reference number is recorded (or printed from online eligibility).

☐ All billable services are accurately documented.

☐ Superbill / Fee Ticket is correctly coded and complete.

☐ Claim is properly prepared and error free.

☐ Claim is submitted to payor.

Follow-up and Denials Resolution

☐ Claim is monitored and followed-up upon if not received after 30-45 days.

☐ Denials are corrected and resubmitted according to payor guidelines.

☐ If a denial is received and no error is found, payor is contacted for instructions. (Document reference # and name of representative.)

☐ Payments are promptly credited to patient accounts.

☐ (When applicable) contracted differences are written off, and accounts are adjusted properly.

☐ Any differences for out-of-network claims are billed to patients, according to your LHD policy.