



HOW TO GET THE MOST REVENUE FROM YOUR A/R

Quick Reference Checklist:

- **Why aren't clean claims & patient statements going out timely?**
 - Are providers documenting daily, weekly, monthly?
 - Are coders able to keep up?
 - Are claim edits being resolved timely?
 - What volume of mail returns are we seeing on statements?
 - Is there a registration issue?
 - Are patient disputes processed in a timely fashion or are we avoiding them?

- **Why aren't carriers and patients paying you?**
 - Are we seeing the same denial over and over again from a specific payer?
 - Are payments being posted correctly & timely?
 - Do we have a lockbox set up? Is our W-9 current with all payers?
 - Are we using the correct claim/appeal submission process according to the payer?
 - What carriers are we still submitting paper claims to?
 - Do patients have a way to pay 24 hours a day?
 - Are you calling your patients and asking for payment?

- **Why is aged A/R so high?**
 - Are there pieces of the A/R that may be past timely with a carrier, why are we holding on?
 - Is our current strategy focused on the right A/R? Are there payers with short timely filing guidelines that need special attention?
 - Does our team understand the strategy and ARE THEY FOLLOWING IT?
 - Are accounts processing to collections timely?
 - Do payment plan guidelines still make sense?