

Your Facility	Policy #00030
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Medical Billing Procedure to follow up on unpaid private insurance balances	Effective Date: 03/24/2008 Review Date: 10/16/2009
Applicable To: All Staff	Authorized By: xxx xxx

Policy

It is the policy of _____ to actively manage the accounts receivable balances. Any unpaid amounts over 90 days are to be minimal and an explanation for the delayed processing known.

Procedure for following up on unpaid Private Insurance claims

1. Be sure all EOB's have been processed and posted to the A/R
2. Print the ASM report by Insurer Type
3. Choose Private Insurance
4. Summarize by Payer
5. Run an ADT report for carrier's with balances due over 90 days
6. Prepare the attached worksheet before you call
7. Locate the insurance Claims Inquiries phone number from the insurer file in RPMS. If it is incorrect you will need to find it on the patients' insurance card in their chart.

Many carriers will allow you to inquire on three claims at a time then place your call back in the phone queue. If you are organized and prepared, you may be able to ask for status of more.

Call the insurance carrier for "Claim Status"

If the agent states the claim was processed ask:

1. \$ amount paid
2. \$ amount applied to co-insurance and/or deductible
3. \$ amount not allowed
4. Check date and number (or EOB date if nothing paid)
5. Ask if the check was cashed
6. Ask if there is a fee for obtaining another copy of the EOB

If the agent says they do not have record of the claim ask:

1. For a fax number to submit to or verify the claims mailing address

If the agent says the **patients insurance was not in effect** on the date of service ask what the termination date was. This will need to be entered in RPMS to update the record.

Your goal is to gather as much information as possible to avoid having claims sit in the A/R unpaid.

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ACCOUNTS RECEIVABLE WORKSHEET

Name of Insurance Carrier

Telephone # of Carrier

Date and Time you called

Agent who you spoke with

Patient Name

Insured name (if different)

Identification number

Date of Birth

Group/Policy Name/Number

Date of Service

Amount Billed

Status

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____