

FRONT OFFICE CHECKLIST

Every Patient, Every Visit



Plan	Verify Eligibility - Primary and Secondary	<input type="checkbox"/>
Plan	Is the provider In Network or Out of Network?	<input type="checkbox"/>
Plan	Review Most Current Copay/Coinsurance/Deductible	<input type="checkbox"/>
Plan	Request Authorization/Referral well in advance (if needed)	<input type="checkbox"/>
Encounter	Remind Patients of their appointment 1-2 days in advance	<input type="checkbox"/>
Encounter	Always ask for the latest insurance cards	<input type="checkbox"/>
Encounter	Collect Co-Payment in the office	<input type="checkbox"/>
Encounter	If contract allows, patient to sign acknowledging responsibility for payment	<input type="checkbox"/>
Billing	Verify CPT / Modifier / Dx against coding rules	<input type="checkbox"/>
Billing	Review for additional payer specific rules	<input type="checkbox"/>
Billing	Submit Clean Claims within 48 hours	<input type="checkbox"/>
Payments	Deposit all payments, including quick CC remits promptly	<input type="checkbox"/>
Payments	Post EOBs/ERAs within 48 hours of receipt	<input type="checkbox"/>
Payments	Submit claim corrections, appeals, medical records promptly	<input type="checkbox"/>

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