

Account Analysis
«PracticeName»

DATE: «Today»

NAME: «GuarLastName», «GuarFirstName» «GuarMiddleName»

ACCOUNT NUMBER: «AccountNumber»

CHARGES: \$ _____

INSURANCE PAYMENTS: \$ _____

PATIENT PAYMENTS: \$ _____

ADJUSTMENTS: \$ _____

ACCOUNT BALLANCE: \$ _____

PHYSICIAN: _____

INSURANCE: _____

REASON FOR BALANCE DUE ACTION TAKEN ON ACCOUNT

- | | |
|--|--|
| <input type="checkbox"/> applied to deductible | <input type="checkbox"/> 2 statements |
| <input type="checkbox"/> denied by insurance | <input type="checkbox"/> 2 collection letters |
| <input type="checkbox"/> non-covered service | <input type="checkbox"/> 2 phone calls |
| <input type="checkbox"/> balance after insurance payment | <input type="checkbox"/> claims filed with insurance |
| <input type="checkbox"/> insurance copay | <input type="checkbox"/> estate letter |
| <input type="checkbox"/> self-pay account | <input type="checkbox"/> payment plan letter |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |

Monthly Statements Since: _____ Date of Last TX: _____

Comments: _____

RECOMMENDATIONS

ADMINISTRATIVE DECISION

- | | |
|--|--------------------------------|
| Collection Agency <input type="checkbox"/> | <input type="checkbox"/> |
| Bad Debt Write-off <input type="checkbox"/> | <input type="checkbox"/> |
| Charity Write-off <input type="checkbox"/> | <input type="checkbox"/> |
| Hardship Write-off <input type="checkbox"/> | <input type="checkbox"/> |
| Hold/Other: _____ <input type="checkbox"/> | <input type="checkbox"/> _____ |

Supervisors Initials: _____