Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Supberbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Supberbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Supberbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	

Medical Record & Billing Audit

*Medical Record, Scheduler and Billing audits should be performed quarterly to avoid timely filing denials with insurance payers and help maximize your revenue cycle.

Check if Yes or that column applies.

Things to consider: Outside of Global schedule or non-routine visits, lab draws, pap smears without a visit same day, physical exams, CCHD or IV therapy without a same day visit, Medications, Newborn care (even if the newborn does not have a name or is pending insurance, let your biller follow-up on that within timely), cash pay (for in-house pruposes if applicable), hearing screenings, fetal non-stress tests without a same day visit with same provider, homebirth supply kits, level of visit billed compared to E/M level coding guidlenes (did you under bill?), and more. If you see something you think might be billable, ask your biller!

Patient Name	Patient Record is complete?	Date of Service	Routine?	Code Billed	Code Level Accurate?	Superbilled	Paid	Denied	Pending	Patient Balance
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	
	☐				☐	☐	☐	☐	☐	