

Sample: illustrative data. A fictional practice; every number is invented to show the format. Not a result, a forecast or a promise.

This week in one line

Insurance AR fell \$2,180 this week to \$87,450. Claims over 90 days fell \$1,950. Your office has 5 items this week, 2 due Tuesday.

Insurance AR, total

\$87,450

–\$2,180 vs. last week
Revenue Scorecard baseline \$93,900

Insurance AR over 90 days

\$14,900

–\$1,950 vs. last week
Revenue Scorecard baseline \$21,400

Claims sent

82

77 last week
All sent within 1 business day

Insurance payments posted

\$16,940

\$15,213 last week
61 ERAs and EOBs posted

Rejections worked within 1 business day

6 of 7

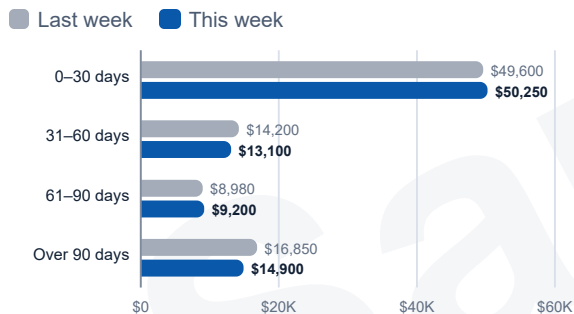
5 of 5 last week
1 late: fixed on day 3, outage

Payments waiting to post

3 · \$1,240

2 · \$880 last week
Oldest: 1 business day (limit: 2)

Insurance AR by age



Days	This week	Claims	Last week	Change	Baseline
0–30	\$50,250	221	\$49,600	+\$650	\$49,000
31–60	\$13,100	64	\$14,200	–\$1,100	\$13,900
61–90	\$9,200	38	\$8,980	+\$220	\$9,600
Over 90	\$14,900	46	\$16,850	–\$1,950	\$21,400
Total	\$87,450	369	\$89,630	–\$2,180	\$93,900

Baseline = your Revenue Scorecard, before service began. Over 90 days is now 21.9% of a month's insurance collections (the Revenue Scorecard's benchmark: 5% or less; it was 31.5%).

Service levels this week

Standard	Met	Status	Note
Claims sent within 1 business day of being ready	82 of 82	✓ On track	
Rejections worked within 1 business day	6 of 7	⌚ Watch	1 fixed on day 3 during a clearinghouse outage.
Payments posted within 2 business days	61 of 61	✓ On track	Median time to post: 1 business day
Open claims with an owner, a next step and a date	369 of 369	✓ On track	
First status check by day 21	44 of 44	✓ On track	
Office messages answered the same business day	12 of 12	✓ On track	

On track = 95% or more · Watch = 85–95% · Act now = under 85%.



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Claims sent and paid

Claims sent: primary	74
Claims sent: secondary	8
Insurance estimate on claims sent	\$17,630
Accepted on the first pass	75 of 82 (91.5%)
Claims paid	79
Insurance payments posted	\$16,940.25
Status checks (portal · phone)	118 (96 · 22)

Clearinghouse rejections

Reason	Claims
Subscriber ID format	3
Missing tooth number or surface	2
Provider NPI or taxonomy mismatch	1
Duplicate claim	1
Total	7

6 of 7 resent within 1 business day. 1 fixed on day 3 during a clearinghouse outage.

Payer denials this week, by reason and payer

Reason	A	B	C	D	Total	\$	What we did
Missing or unclear x-ray or attachment	2	1	–	1	4	\$1,380	Attachments added; all 4 resubmitted
Frequency limitation	–	2	–	–	2	\$310	Both appealed with the treatment history
Downgrade (alternate benefit)	1	–	–	–	1	\$410	Appealed with a narrative and the x-ray
Coverage ended	–	–	1	–	1	\$460	Your office confirms the new coverage (item 2)
Missing or weak narrative	–	–	–	1	1	\$300	Narrative rewritten; appeal sent
Total	3	3	1	2	9	\$2,860	

Payers are labeled A–F in this sample. Your report names your payers. Payers E and F had no denials this week.

Items needing your office

#	Item	Due
1	Approve 2 write-off recommendations (\$412 total). The reasons and proof are in your secure folder.	Wed
2	Confirm the new insurance for 1 patient whose coverage ended. Details are in your secure channel.	Tue
3	Deposit the paper insurance check from Payer F that arrived Friday (\$430.00).	Tue
4	Sign the virtual-card opt-out letter we prepared for Payer D.	Thu
5	Add perio charting to 2 scaling-and-root-planing claims so we can attach it.	Fri

Payments waiting to post

3 ERAs and EOBs (\$1,240.10) arrived but aren't posted yet. The oldest is 1 business day old, inside our 2-day limit. Paper EOBs waiting for your office to scan: 0.

Next week's focus

- Second follow-up on the 31 backlog claims waiting on payers, oldest first.
- Get the missing ERA for Payer C's \$1,155.40 deposit and post it.
- Day-21 status checks on the 51 claims sent in week 3.

Backlog cleanup (included)

97 aged claims on the list (all included); every one has had a first touch. 34 have paid so far (\$7,212.40).

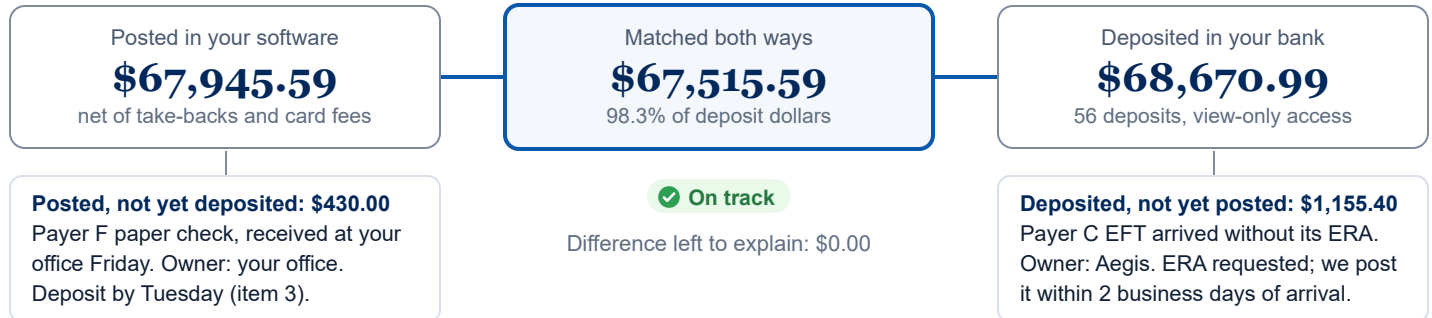


Thursday's 20-minute call: The 2 write-off recommendations · Payer D's card opt-out letter · Backlog progress · Perio charting for 2 claims.



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Every insurance deposit matched to what was posted, both ways. Anything that doesn't match yet gets an owner and a next step.



From posted to deposited

Line	Items	\$
Posted: EFT	43	\$54,039.99
Posted: Check	6	\$3,145.00
Posted: Virtual card (before fees)	9	\$11,755.26
Insurance payments posted	58	\$68,940.25
Less take-backs payers withheld	3	-\$642.00
Net of take-backs (your fee base)		\$68,298.25
Less virtual-card fees	9	-\$352.66
What should have reached your bank		\$67,945.59

Your fee on \$68,298.25 is \$2,390.44 at the rate card, plus applicable taxes, invoiced separately.

Virtual-card fees and the sweep

9 insurance payments (\$11,755.26) arrived by virtual card. The card processor kept \$352.66 (3.0%).

Payer	Card payments	Where the opt-out stands
Payer B	4	Opt-out sent; EFT starts next month
Payer D	3	Opt-out letter ready for your signature (item 4)
Payer E	2	EFT enrollment submitted; waiting on the payer

Take-backs, each tied to its original claim

Payer	\$	Tied to its claim?	Our check	Status
Payer A	\$318.00	Yes	Valid: another plan was primary	Accepted and posted to the original claim
Payer B	\$212.00	Yes	Disputed: the visit met the plan's frequency rule	Appeal sent; follow-up in 14 days
Payer D	\$112.00	Not yet	The payer didn't name the claim	Original claim requested from the payer
Total	\$642.00			

Write-offs and adjustments needing your sign-off

Reason	Items	\$	Approved	Waiting for you
Backlog claims past the payer's filing limit before service began	4	\$1,064.00	\$748.00	\$316.00
Frequency limit, appeal not possible under the plan	2	\$192.00	\$96.00	\$96.00
Balances under \$5 after insurance (your standing rule)	6	\$14.80	\$14.80	\$0.00
Total	12	\$1,270.80	\$858.80	\$412.00

Routine PPO contractual write-offs post with each payment and aren't listed here.