	Insurance/1	reatm	ent Coord	inator Mo	nthly Maste	er Checklist	ţ	
MONTH:						1st	15th	7 _{15th}
Collection letter 90-120 days			Follow up on unpaid claims					
	submit accounts for collection		Collectio					
WEEK	(1		Process refund requests					
Mail statements A-F			Run credit balance report (call to schedule or r					
Call in repair requests			Post Comp. Dent. Fin. Payment to pt accounts					
	DAILY		Mon	Tue	Wed	Thu	Fri	Sat
	Creates insurance claims (inc. attachments)							
	Complete Chart Audit before Creating the Clain	n						
	Submit addtnl info requested for insurance/ pro							
	Verify New Patient Routing Sheet							
	Verify ins. for when insurance team is not available.	able						
	Discuss Financial Arragemnets with Patients							
	Checkout Patients							
	Call patients needing follow up for treatment							
	Count & log petty cash, Balance deposit							
	Run credit cards for monthly payments							
	Chart prep for huddle, fill out checklist							
	Open mail and distribute to approiate parties							
WEEK				Process refund requests				
	statements G-L			Run credit balance report (call to schedule or r				4
Call in	repair requests		Post Con	np. Dent. Fir	n. Payment to	pt accounts		
	DAILY		Mon	Tue	Wed	Thu	Fri	Sat
	Create insurance claims (inc. attachments)							
	Complete Chart Audits							
	Submit addtnl info requested for insurance/pre	e-est						
	Verify New Patient Routing Sheet							
	Verify ins. for when insurance team is not available.	able						
	Discuss Financial Arragemnets with Patients							
	Checkout Patients							
	Call patients needing follow up for treatment							
	Count & log petty cash, Balance deposit							+
	Run credit cards for monthly payments							+
	Chart prep for huddle, fill out checklist							+
14/551	Open mail and distribute to approiate parties		Dunnan					+
WEEK			Process refund requests					4
	statements M-R n repair requests		Run credit balance report (call to schedule or r Post Comp. Dent. Fin. Payment to pt accounts					+
Call III	Trepair requests		1 031 0011	iip. Deile. Fii	i. r ayment to	pt accounts		
	DAILY		Mon	Tue	Wed	Thu	Fri	Sat
	Create insurance claims (inc. attachments)							+
	Complete Chart Audits							+
	Submit addtnl info requested for insurance/pre	e-est						+
	Verify New Patient Routing Sheet	abla						+
	Verify ins. for when insurance team is not available. Discuss Financial Arragemnets with Patients	able						+
	Checkout Patients							+
	Call patients needing follow up for treatment							+
	Count & log petty cash, Balance deposit							1
	Run credit cards for monthly payments							1
	Chart prep for huddle, fill out checklist							
	Open mail and distribute to approiate parties							
WEEK			Process i	refund requ	ests			
Mail statements S-Z			Run credit balance report (call to schedule or i					
Call in repair requests			Post Comp. Dent. Fin. Payment to pt accounts					
	DAILY		Mon	Tue	Wed	Thu	Fri	Sat
	Create insurance claims (inc. attachments)							
	Complete Chart Audits							
	lead to the same of the same o	. 1		1	1	1		1

DAILY	Mon	Tue	Wed	Thu	Fri	Sat
Create insurance claims (inc. attachments)						
Complete Chart Audits						
Submit addtnl info requested by insurance/pre-est						
Verify New Patient Routing Sheet						
Verify ins. for when insurance team is not available						
Discuss Financial Arragemnets with Patients						
Check Out Patients						
Call patients needing follow up for treatment						
Count & log petty cash, Balance deposit						
Run credit cards for monthly payments						
Chart prep for huddle, fill out checklist						
Open mail and distribute to approiate parties						