

A/R Appeals Carrier Questionnaire

This is a training sheet. It is used to guide your A/R staff as to what questions you need to ask the insurance company when you call on a claim that appears in your A/R report.

To begin using this form, first print an A/R report by carrier (with detail) for the period of time you wish to work (we recommend 60-days and older). Do not write information on this sheet. Write all the information you get from the carrier directly on the A/R report. Write legibly and be sure that you complete all the information required.

1. The report is separated by insurance company. Work one insurance plan at a time until you have called on all the claims. Try to get as many claims done with one call. This reduces "on-hold" time.

You should be calling a 1-800, 1-877 or 1-888 number. If not, ask the insurance representative if they have a toll-free number and write this on the report. Use it the next time you need to call that insurance company.

2. Many carrier reps will only allow you to check the status of three to five claims at a time. Then you must hang up and dial again. Try to get the representative to check on as many claims as you can at one time. If you are friendly and appreciative, many times they will allow you to check on ten or more.

3. Identify yourself:

Hello, my name is _____ and I'm calling from Dr. _____ office. I am calling on the status of a claim.

The name of the patient is _____

The patient policy number is _____

The date of service is _____

The physician's (provider's) name is _____

The physician's provider number is _____

The total \$ amount of the claim is _____

The unpaid amount is _____

4. They will provide you with seven responses:

A. The claim is not on file (NOF)

B. The claim has been paid

C. The claim is pending

D. The carrier was not primary – it was sent to another carrier for processing

E. The patient was not covered by the plan at the time the service was rendered

F. Requires additional information from the patient

G. No authorization/referral was obtained for services rendered

As soon as you know which of the seven responses it is, you quickly refer to the area (A, B, C, D, E, F, or G) and ask the questions in that section.

5. At the end of the call:
 - a. Thank the person for the help
 - b. Make the appropriate notes on the report and quickly move on to next claim
 - c. Make sure that your notes are complete and legible

There are seven common reasons for a claim to appear on your A/R (see item number 4 on the previous page). When you call on each claim, please refer to the list below for questions to ask if the carrier representative gives you one of the seven common reasons. Follow the steps suggested and take the appropriate action.

Responses and information required on report

A. The Claim is Not on File

Ask...

1. Can I verify your mailing address? (Read to the insurance representative the address of the insurance company. If they state address is correct, check address correct. If they give you another address, write it on the report)

___ Address is correct

___ Address is not correct. The correct address is

Street address

City

State

Zip

2. Can I fax you the claim ___ Yes ___ No

Fax number is () _____

ATTENTION TO: _____

B. The Claim Has Been Paid

Ask:

1. Date paid _____
2. Check # _____
3. What was the total amount of the check _____?
4. Was this a bulk check including other patients or a check only for that one patient?
___ Check for that patient only

___ Bulk check

Ask if they can give you the name of another patient that was on the check.

Patient name _____

5. Did check clear the bank?

___ Yes

(Date cleared _____)

___ No

6. To whom was the check sent?

To doctor's office

Address _____

To patient

Address _____

C. The Claim Is Pending

Ask why claim is pending?

1. Needs office notes

Office visit/progress notes

Operative report

Pathology report

Can we fax the office notes?

Yes Fax number () _____

Attention _____

No

2. The claim is still in review. Make note on report "claim is still in review"

D. The carrier was not primary – it was sent to another carrier for processing

1. Ask the name of the insurance where claim was forwarded

Name insurance company _____

Address _____

E. The patient was not covered by the plan at the time the service was rendered

Ask for date coverage was terminated _____

F. Requires additional information from the patient

Ask the representative for specific information that may be needed.

Make note on report "information lacking from patient"

G. No authorization/referral was obtained for services rendered

Make note on report "no authorization/referral"