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Payment Posting Checklist

Daily workflow checklist for posting ERA and paper EOB payments accurately and completely

Complete this checklist with every payment posting session. Accurate posting is the foundation of clean A/R — errors here create cascading problems in patient billing, denial tracking, and reporting.

SESSION DETAILS

Date:	*[MM/DD/YYYY]*
Posted By:	*[Staff Name]*
Payer(s):	*[Payer Name(s)]*
ERA / Check #:	*[ERA or Check Number]*
Payment Date:	*[MM/DD/YYYY]*
Payment Amount:	*$[Total]*
Payment Method:	*[ ] EFT / ERA [ ] Paper Check [ ] Virtual Card [ ] Other*

STEP 1 — RECEIVE & MATCH THE PAYMENT

☐ ERA received in clearing house / practice management system OR paper check received and logged
☐ Payment amount on ERA / check matches deposit amount — discrepancy of $0.00
☐ Payer name and NPI on ERA match your practice's enrollment
☐ ERA / check deposited and deposit slip / EFT confirmation saved
☐ ERA date and check date recorded in the payment posting log

STEP 2 — REVIEW THE EOB / ERA BEFORE POSTING

☐ Each line item on the ERA is matched to a claim in the practice management system
☐ CARC and RARC codes reviewed for each line — denial codes flagged before posting
☐ Allowed amounts verified against contracted fee schedule for in-network claims
☐ Contractual adjustments (CO-45) calculated correctly — Billed minus Allowed
☐ Patient responsibility amounts (PR-1 deductible, PR-2 coinsurance, PR-3 copay) identified
☐ Secondary payer information noted for claims with COB — secondary claims to be filed
☐ Bundled or reduced lines (CO-97, CO-4, etc.) flagged for review before posting

STEP 3 — POST PAYMENTS LINE BY LINE

☐ Payment posted to correct patient account and correct date of service
☐ Contractual write-off posted as adjustment — NOT as patient balance
☐ Insurance payment amount posted matches ERA line exactly

☐ Patient responsibility balance posted to patient account for future billing
☐ Zero-pay lines (full denials) posted as $0 with denial code noted
☐ Overpayment lines flagged immediately — do not post overpayments without supervisor review
☐ Secondary billed claims noted in account and secondary filing queue updated

STEP 4 — HANDLE DENIALS & ZERO-PAY LINES

☐ All denial lines entered into Denial Follow-Up Tracker with deadline
☐ Denial type categorized: *[ ] Correctable / Resubmit [ ] Appeal Required [ ] Patient Responsibility [ ] Write-Off*
☐ Correctable denials resubmitted same day or assigned to staff with deadline
☐ Appeals requiring clinical documentation assigned to provider / clinical staff
☐ Write-off decisions reviewed and approved per office policy before posting

STEP 5 — RECONCILE & CLOSE THE SESSION

☐ Total payments posted in system match ERA / check amount exactly
☐ Total contractual adjustments posted match ERA contractual write-off total
☐ Total patient responsibility posted matches ERA patient responsibility total
☐ Unpostable items (claims not found, missing patients) documented and escalated
☐ ERA / paper EOB filed or scanned — not discarded
☐ Payment posting session notes completed and saved
☐ Supervisor notified of any discrepancies, overpayments, or unusual ERA activity

STEP 6 — PATIENT BILLING QUEUE

☐ Patient statements generated or scheduled for all accounts with new patient balances
☐ High-balance patient accounts ($[threshold]+) flagged for personal outreach
☐ Payment plan accounts updated — any missed installments flagged
☐ Credit balances reviewed — refund process initiated if applicable

SESSION SUMMARY

Metric	Expected (from ERA)	Posted in System
Total Payment Posted	$	$
Total Contractual Adjustments	$	$
Total Patient Responsibility	$	$
Number of Claims Posted	#	#
Number of Denial Lines	#	#
Discrepancy (should be $0)	$0.00	$

Notes / Issues: *[Discrepancies, escalations, or follow-up items from this session]*