

Denial Follow-Up Tracker

Track denied claims from denial through appeal, resubmission, or write-off decision

Log every denial the day it is received. Assign a follow-up deadline and action owner. Review this tracker weekly — appeal and resubmission deadlines are hard cutoffs that cannot be extended.

LOG DETAILS

Practice / Provider:

Month / Period:

Staff Responsible:

Review Frequency: Daily Weekly

STATUS & ACTION KEY

AP — Appeal Filed	RS — Resubmit	PB — Bill Patient	WO — Write-Off	RV — Resolved / Paid
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ACTIVE DENIAL LOG

Patient	Payer	Claim #	DOS	CARC	Denial Reason	Deadline	Action / Status
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	<input type="checkbox"/> AP <input type="checkbox"/> RS <input type="checkbox"/> <input type="checkbox"/> PB <input type="checkbox"/> WO <input type="checkbox"/> RV

Patient	Payer	Claim #	DOS	CARC	Denial Reason	Deadline	Action / Status
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV
[Patient]	[Payer]	[#]	[MM/DD]	[CO-__]	[Reason]	[MM/DD]	[] AP [] RS [] PB [] WO [] RV

Tip: Sort by Deadline column weekly. Any claim past its appeal deadline with no action taken should be escalated immediately.

RESOLVED CLAIMS LOG

Patient	Payer	Claim #	Original Denial	Action Taken	Resolution Date	Amount Recovered
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$

Patient	Payer	Claim #	Original Denial	Action Taken	Resolution Date	Amount Recovered
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$
[Patient]	[Payer]	[#]	[CARC]	[AP / RS / WO]	[MM/DD/YYYY]	\$

NOTES / PAYER-SPECIFIC DENIAL PATTERNS
