



Date	Patient	Payer	Claim #	Rep Name	Ref #	Call Outcome / Notes	Next Action / Date
							MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]
[MM/DD]	[Patient]	[Payer]	[#]	[Rep]	[Ref #]	[Outcome]	[Action / MM/DD]

Always get a reference number before ending the call. If a rep says a claim is processing, confirm the expected payment date and set a follow-up for that date.

## COMMON CALL OUTCOMES — QUICK REFERENCE

Outcome Code	Meaning & Next Action
<b>In Process / Pending</b>	Claim received and being adjudicated. Follow up in 5–10 business days if no payment received.
<b>No Claim on File</b>	Claim not received. Resubmit immediately with proof of original submission. Note: resubmit, don't just refile.
<b>Needs Additional Info</b>	Payer requires documentation. Send requested info via fax/portal within 24–48 hours. Get fax confirmation.
<b>Denial — Upheld</b>	Appeal denied. Escalate to second-level appeal, peer-to-peer, or write-off depending on amount and policy.
<b>Denial — Reversed</b>	Payer agrees to reprocess. Get reference number and expected payment date. Follow up if no ERA in 30 days.
<b>Payment Issued</b>	Check date and amount. If not received in 10 business days, request a check trace.
<b>Adjustment / Reprocessing</b>	Payer is correcting the claim. Confirm timeline and follow up on next ERA.
<b>Referred to</b>	Document wait time and supervisor's name/ID. Escalate internally if not

Outcome Code	Meaning & Next Action
Supervisor	resolved within 5 business days.

## MONTHLY SUMMARY

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Metric	Target	Actual
Total A/R calls made this month	—	
Claims resolved / paid	—	
Claims pending further action	—	
Claims written off	—	\$
Avg. days to resolution	< 45 days	
Denials overturned on appeal	> 50%	%

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