



A PROFESSIONAL PHYSICIAN'S PRACTICE MANAGEMENT SYSTEM

10 Steps to running an Efficient Medical Practice Office

- 1.) Generate numbered super-bills/charge tickets from your appointment system. Account for all super-bills. A lost super-bill might result in a charge not being entered into the system!
- 2.) Enter charges as soon as possible into Quick-MD. Preferably upon check out of the patient. All office charges will be in the system when the last patient is seen that day. Enter hospital charges the same day the charges tickets are brought back to the office.
- 3.) Recap that days work and reconcile to the charge tickets. Be sure that payments, charges, and adjustments entered into the system match the hand totals on the super bills for that day. Run Audit Report in the Appointment system to be sure all people seen for a day have a charge in their ledger.
- 4.) Run "Claims not billed" report on a regular basis to see what claims are pending. Remember that you are reassigning claims to secondary and third payers when applicable, and these claims have to have the 1500 form printed and mailed out.
- 5.) Do electronic claims submission and hard copy billing frequently-possibly every day.
- 6.) *Check reports on a daily basis to see what claims have been rejected.* Immediately fix the problem with the rejected claim and flip(shift F3) the billing note so that it will re-bill in the next batch. Watching your reports for denials is Very important!
- 7.) Post payments as soon as possible upon receiving the EOB. Do reassignments, if applicable, and adjustments, as payments are being posted. Remember that ALL claims must come to a Zero (0) dollar balance, either through payments or adjustments, or you will not have an accurate Ageing Report! **ALAWYS** post payments to the claim being paid!
- 8.) Any denials on the EOB, need to be immediately fixed and the billing note flipped, so the claim will re-bill in the next batch. Immediately working denials is VERY important to your cash flow!
- 9.) Run your "Ageing Reports" frequently to see what claims are not paid. Call the payer, if necessary to find out why they haven't paid this claim. Fix the problem and flip the billing note, so the claim will re-bill on the next batch. Working claims that have not been paid is VERY important as there are timely filing rules in place. Stay on top of your patient billing, making phone calls as necessary. Some offices use the services of a collection agency.
- 10.) Do patient billing around the 25th of every month, so that the patient has the bill in time to pay it by the 10th of the following month.

AND ALWAYS BE SURE YOU HAVE A RELIABLE BACKUP!