Collection Reporting

You can run collection reports any time you like; we typically recommend running them once or twice a month. There are lots of reports you can **try them all** and see which ones **work best for you**. The recommended reports are listed below:

Doctor & Provider Number
We recommend setting the Doctor and Provider numbers on the top of the screen to zero so that you are reporting information for collections no matter who provided the service!

Options Buttons
If there is an "Options" button associated with a report them be sure to review and set the options to use the report criteria you want.

1. Account Receivable: Results Contain the up-to-the minute total of all account balances.   We recommend running this report at the end of the last day of business for the Month, or the beginning of the first day.

2. Account Aging 30 60 90 Days: A "Catch-All Report" that shows aging regardless of whether the patient has insurance or not. Be sure to use the "Options" button and set the options so that the accounts are filtered based on the collection criteria you want.

3. Patient Portion Due Review: this report shows all the ledger items marked "Bill to the patient." You must use the **"Options" button** on this option to specify the number of days since any last payment was made on the ledger item. This lets you focus on items that have been unpaid longer than the number of days you specify.

4. Primary Ins Outstanding Charges: this report lists all the charges that are due from Primary Insurance that are older than the number of days you specify. It lists all the Patient Information necessary to follow up on the claim. It also groups the information together by Insurance Carrier.

5. Secondary Ins Outstanding Charges: this report lists all the charges that are due from Secondary Insurance that are older than the number of days you specify. It lists all the Patient Information necessary to follow up on the claim. It also groups the information together by Insurance Carrier.

6. Open Charges Detail & Aging: this is a detailed listing of all charges that have not been marked as Paid. You can quickly scan down the report's far right-hand "Status" column to see if items are: **I – Insurance Pending**, **B – Bill Patient**, or blank, indicating they have been sent to either Insurance or the Patient.

   At the bottom of the report, you will get a comprehensive aging summary of all your accounts receivables by Insurance and by Patient. You can even set an option on the screen to just get this aging information, leaving out the detail to make it easy to print.

7. Transaction Ledger Analysis: if the doctor and provider number on the top of the Screen are set to zero, you will get a breakdown of all postings by doctor and provider. This is important because it will let you see if something was posted by mistake to a non-existent doctor or provider.
   For example: someone posts to doctor 44 instead of doctor 4.

8. Yearly Analysis: this report (if you set the date range to the entire year) will give you an overview of each month's activity. This is a good report to print each month to see if any prior month's amount changed. Small changes are normal due to account corrections, but large changes could indicate employee malfeasance.