

Insurance Aging Recovery Toolkit

Use a payer conversation that produces an action

Before calling, review the approved record and define the specific question. Use the plan's approved channel.

Opening

"I am following up on an insurance item for our office. After authentication, please confirm whether it was received, its current processing status, and the exact reason it has not resolved."

Clarify

"What information or action is needed? Which team must provide it? What is the correct channel? What is the applicable deadline and where can we verify it?"

Read back

"My understanding is that [owner] needs to [action] through [channel]. I will review again on [date]. Is there an acknowledgment or reference we should retain?"

Record a usable note

Status verified; source reviewed; action taken; payer or office owner; expected next event; next review date. Keep names, identifiers, call references tied to patient records, and record copies inside approved office systems.

What question must be answered?

What changed after the contact?

Who owns the next action and when is review due?

Claim Appeal Toolkit

Write a concise, specific appeal

Use the included editable text frameworks for documentation review, timely-submission evidence, payment calculation review, and status escalation.

Opening

Identify the decision under review using the identifiers required by the payer, inside the office-approved system. State the requested action in one sentence.

Reason and evidence

Explain what appears incorrect or incomplete. Connect each factual statement to an attached record or verified plan provision. Avoid generic statements that merely say the service was necessary.

Requested resolution

Ask for the specific review or clarification needed. State how the office can provide additional relevant evidence through an approved channel.

Fictional training example

Instead of “Please pay this claim,” use “Please review the attached submission acknowledgment against the stated filing rationale and explain whether it changes the benefit decision.” This requests review without promising coverage or inventing facts.

Decision / rationale being addressed

Evidence that directly answers it

Specific requested action

Office Manager Leadership Manual

Coach from observable work

Use one concrete example, invite the team member's explanation, and agree on the next supported action.

Describe the observation

“The last two weekly reviews had open actions without a next review date.” Avoid turning an observation into a claim about someone’s motivation.

Ask what is getting in the way

“Which step is unclear or hard to complete with the current tools and time?” Listen for training, access, workload, and process problems.

Agree on a practice step

“Let’s complete one action record together, then review your next three entries tomorrow.” Make support and the check-in concrete.

Document proportionately

Keep general workflow coaching in the action log. Handle sensitive employment matters under the office's HR process and applicable policies.

Observed behavior / work example

Team member's explanation

Support, next action, and check-in date

KPI Dashboard Templates

Worked example: check the math before the meeting

Fictional office totals for training. These are not benchmarks or promised results.

Ask the useful question

An over-90 share of 20% identifies a balance segment to review; it does not explain its cause. Use the approved aging report and the follow-up tracker to identify the next action.

Check missing inputs

If total AR is blank, over-90 share should be blank. If collections are \$0 with valid production of \$10,000, the ratio should show 0%. A ratio above 100% can reflect timing or a source problem; review the inputs before drawing a conclusion.

Measure	Example input	Calculated result
Adjusted production / collections	\$10,000 / \$9,000	Collection ratio = 90%
New claims / first-pass accepted	20 / 18	First-pass acceptance = 90%
Total insurance AR / over 90	\$5,000 / \$1,000	AR over 90 share = 20%
New claims / claims reworked	20 / 2	Rework rate = 10%