

End-of-Day Billing Checklist

Run through these steps every evening before closing — nothing falls through the cracks

Every day your practice sees patients, billing tasks must be completed the same day. Waiting even one day can cause coding errors, missed charges, and payment delays. This checklist walks your billing team through exactly what to do before leaving each evening.

APPOINTMENTS – Reconcile Today's Visits

- **Compare today's appointment schedule to actual visits ★**
Every patient who was seen should have a charge posted. Every no-show or cancellation should be documented.
- **Confirm all walk-in or add-on patients are in the system**
Patients added at the last minute are the most likely to be missed in billing.
- **Mark all no-shows and cancellations correctly**
These should NOT have charges unless your practice charges a no-show fee (which requires proper documentation and patient consent).

CHARGE CAPTURE – Did We Capture Everything?

- **All charges from today's visits have been entered ★**
Check that every visit has a CPT code and ICD-10 code attached. A visit with no charge = lost revenue.
- **Provider notes are signed and match the charges entered**
If the provider documents a Level 4 visit but a Level 2 was billed (or vice versa), that needs to be corrected today.
- **All procedures, labs, and ancillary services are charged**
In-house labs, EKGs, injections, and other add-on services are commonly missed. Review every encounter.
- **Supplies and medications dispensed in office are billed**
If your practice gives out samples, vaccines, or dispenses medications, those charges must be captured.

■ *Unbilled services = free services. Even small charges add up to thousands of dollars per year if missed.*

CLAIM SUBMISSION – Send Today's Claims Today

- **All clean claims from today have been submitted to payers ★**
Do not let claims sit. Submit same-day to keep cash flow healthy and meet timely filing deadlines.

- **Electronic submission batch has been confirmed**
Check for a confirmation/acceptance report from your clearinghouse. Do not assume submission was successful.

- **Any rejected claims have been identified and corrected**
Clearinghouses send rejection reports within hours. Fix and resubmit rejections the same day when possible.

- **Prior auth requirements checked for tomorrow's scheduled services**
Review tomorrow's schedule today. If any service needs auth that hasn't been obtained, start that process now.

PAYMENTS – Post Everything Received Today

- **All insurance payments received today have been posted ★**
Post payments and adjustments from every EOB (Explanation of Benefits) received today.
- **All patient co-pays and balances collected today have been posted**
Match cash/card receipts from the front desk to posted payments. They must balance.
- **Any payment that doesn't match the expected amount is noted**
If an insurance paid less than expected, note it for review. It may need a follow-up or appeal.
- **Daily payment totals reconciled to the bank/POS system**
The total payments posted in your billing system should match what was deposited or collected today.

PATIENT BALANCES & STATEMENTS

- **Patient responsibility amounts have been calculated after insurance**
Once insurance pays, calculate what the patient owes (deductible, co-insurance, copay).
 - **Statements or balance notifications sent for today's finalized accounts**
Don't wait. The sooner a patient gets their bill, the sooner they pay.
 - **Patients with past-due balances flagged for collection follow-up**
Accounts over 30, 60, and 90 days past due need regular follow-up. Flag them daily.
- *End-of-day reconciliation prevents billing backlogs, reduces errors, and keeps your AR (Accounts Receivable) healthy.*

Completed by: _____

Date: _____

Supervisor: _____