

Year-End Billing Checklist

Close out the year correctly — protect your revenue and stay compliant

The end of every year is a critical time for medical billing. Insurance deductibles reset, payer contracts may change, and old unpaid claims must be resolved before they expire. This checklist walks you through every important task — in plain English — so your practice starts the new year on solid ground.

SECTION 1 — Clean Up Old Claims

Run an Aging Report

- ☐ Pull an accounts receivable (AR) aging report for all unpaid claims. Sort claims into buckets: 0–30 days, 31–60 days, 61–90 days, and 90+ days old.

Work All Claims Over 90 Days

- ☐ Any claim older than 90 days is at risk of being denied or written off. Have your billing team contact the insurance company immediately to find out the status.

Check Timely Filing Deadlines

- ☐ Every insurance company has a deadline to submit claims (usually 90 to 365 days from the date of service). Find and document the deadline for each of your top payers.

Appeal Denied Claims

- ☐ Before year-end, file appeals for all denied claims that are still within the appeal window. Do not give up on valid claims — many get paid on appeal.

Write Off Uncollectible Balances

- ☐ Review all accounts where collection efforts have failed. Follow your practice's write-off policy and document every write-off with a reason code.

■ **Quick Tip:** Set aside one full week in November just for AR cleanup. The earlier you start, the more money you recover before December 31.

SECTION 2 — Patient Balances & Deductibles

Send Year-End Patient Statements

- ☐ Mail or email statements to every patient who has an outstanding balance. Remind them that their deductible resets on January 1 and now is a good time to pay.

Notify Patients About Deductible Resets

- 7 ☐ Send a notice to all active patients explaining that their insurance deductible will reset on January 1. This helps set expectations for the new year.

Collect High-Deductible Balances Now

- 8 ☐ If a patient has almost met their deductible, they may owe very little now. Encourage them to schedule any planned procedures before December 31 so they save money.

Review Uncollected Copays

- 9 ☐ Run a report showing all visit dates where a copay was not collected. Send statements and follow up. These small amounts add up quickly.

Offer Payment Plans for Large Balances

- 10 ☐ For patients who owe more than \$200, offer an affordable payment plan. This is better than sending the account to collections.

SECTION 3 — Insurance & Contracts

Review All Payer Contracts

- 11 ☐ Check if any of your insurance contracts expire or change at year-end. Request updated fee schedules from every payer before January 1 so you know what you will be paid.

Verify Provider Enrollments

- 12 ☐ Confirm that every provider in your practice is still actively enrolled with all insurance companies. Enrollment lapses can cause claim denials.

Check for New Medicare/Medicaid Rules

- 13 ☐ CMS usually announces billing rule changes that take effect January 1. Check the CMS website for updates to coding, documentation, and coverage rules.

Update Your Fee Schedule

- 14 ☐ Review your practice's fee schedule for all CPT codes and update it based on the new year's Medicare rates. This should be done every year.

Confirm NPI and Tax ID Are Correct

- 15 ☐ Verify that your National Provider Identifier (NPI) and Tax ID number are correctly listed with all insurance companies. Small errors here cause many claim rejections.

■ **Quick Tip:** Request updated Explanation of Benefits (EOB) summaries from your top 5 payers to verify payment rates match your contracts.

SECTION 4 — Financial Reporting & Compliance

Generate Annual Revenue Report

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6 ☐ Run a full-year revenue report showing total charges, payments, adjustments, and write-offs. Compare it to last year's numbers to spot trends.

Reconcile All Bank Deposits

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7 ☐ Make sure every insurance payment and patient payment received during the year is correctly recorded and matches your bank statements.

Review Denial Rate by Payer

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8 ☐ Calculate your denial rate for each insurance company. A rate above 5% for any payer means there is a problem that needs to be fixed.

Prepare for 1099s and Tax Filing

- 1
9 ☐ Work with your accountant to prepare any required tax documents. Make sure all income is accurately reported in your billing system.

Back Up All Billing Data

- 2
0 ☐ Create a full backup of your billing software data before December 31. Store it in a secure location that is separate from your main system.