Accounts Receivable Follow Up Form

<table>
<tr><td>Today's Date:</td><td>Doctor:</td><td>Patient Name:</td><td>Account Balance:

Patient:

Insurance:</td></tr>
<tr><td colspan="2">Date of Service:</td><td>Date Claim Filed:</td><td>Date of Last Activity:</td></tr>
<tr><td colspan="2">Primary Insurance:

Phone:

Fax:</td><td>Secondary Insurance:

Phone:

Fax:</td><td>I Spoke With....

His/Her Position:</td></tr>
<tr><td>Was Claim Received?

Yes

No</td><td>Did Payor Pay Claim?

Yes

No

Check #
_____</td><td colspan="2">If Claim Unpaid, Codes and Descriptors of Unpaid Services:

1. _____

2. _____

3. _____

4. _____</td></tr>
<tr><td colspan="2">Why Was Claim Not Paid? (Denial Reason.)</td><td colspan="2">Action Taken (Be specific.)

When Can We Expect Payment? _____</td></tr>
</table>