

Insurance Billing Checklist

(For practices using OptiMantra — adaptable to any workflow)

Note: This checklist is designed so that any team member can complete these tasks, regardless of role or title. Feel free to customize this to your practice's workflow and use it as a framework when defining the responsibilities of an in-house biller.

DAILY TASKS

Checkout Page [\(Click Checkout from the main header\)](#)

- Review all visits for the day to ensure the following:
- Confirm charts are completed and signed, including CPT codes from the services list and diagnosis codes from the list to the left of the open chart.
- Follow up with providers on any incomplete/pending notes.
- Ensure Superbills are created for visits with patient responsibility & record payment.
 - Create credit memos or invoices for any superbills that aren't zero balance
- Verify that claims have been created, saved, and/or submitted for all visits with CPT codes + diagnosis codes.

Claims Listing Page [\(Shortcuts > Claims \(HCFA\)\)](#)

- Review the **Status** column for:
 - Clearinghouse rejections (check details box under "Clearing house File")
 - Payer denials (check details box under "Payer File")
 - Claims set to **Save Only** (may need to be submitted/rebilled)
 - Claims pending secondary submission
 - Note: when submitting, add the submitted date to the notes section at the bottom of the payment screen.

- Correct and resubmit any claims with errors.
- Confirm that any claims requiring secondary billing now appear in the Claims List and rebill as needed. *Note: Remember to **Save** only and not **Save & Mark Done** on the payment screen when generating a secondary claim.*

Payments / ERAs / EOBs (EOB Checks, EOB Listing, Payment Posting)

- Review and post all ERAs and checks received that day.
- Under payment posting, ensure that you check an appropriate box for the payment posting setting (write off)

- Archive any ERAs that are fully posted.
 - Add notes for any ERAs that are pending.
- Generate Superbills for all posted insurance payments (to ensure accurate analytics).
- Create secondary claims when posting primary payments for patients with secondary insurance.
- For any claims you plan to rebill, add the control number in the notes section on the payment screen.
 - Notes will show up on the Claims Listing page for that claim.

Patient Profile / Eligibility (Daily if caught up)

- Review tomorrow's patient list:
 - Check eligibility (if part of your workflow)

- Confirm insurance information, payer ID, and insurance card images are complete
- Ensure copays/deductibles/coinsurance amounts are known for correct collection
- Check the Checkout Page for tomorrow's patients for any incomplete tasks.

WEEKLY TASKS

Claims Review

- Review the **Claims Listing** page for Last Week (7-day date range)
- Resubmit any incomplete or unpaid claims.
- Follow up on any claims that are partially paid or incorrectly paid.
- Call payers as needed and add notes in the **Comments** section on the **Claim Listing** page.

Analytics Review

- Review the Deposit Report and confirm totals for checks, cash, and credit cards.
- Review **Actual vs. Superbill** for the previous day/week; correct any missing Superbills (yellow flags).
- Review the EOB Report to confirm all ERAs and checks have been entered correctly.

Patient Profile Preparation (If not done daily)

- Prepare insurance details for next week's patients:
 - Check eligibility
 - Verify payer IDs and insurance accuracy on the insurance tab
 - Ensure all cards and credit cards on file are up to date

MONTHLY TASKS

Analytics

- Run, review, and save monthly analytics (revenue, visits, collections, provider performance, etc.). *Note: Saving the report will help to review changes when you run another report. This helps with tracking changes over time.*
- Verify that financial totals match those in external systems (such as QuickBooks or other accounting tools).
- Complete COGS/payroll period checks and save copies for reporting.

Aging Reports

- Review **Insurance Aging Reports:**
 - Follow up or rebill any unpaid claims
 - Check for payments pending longer than 30–60 days
- Review **Patient Aging Reports:**
 - Bill or contact patients with balances over 60 days old
 - Confirm payment plans or follow-up actions

(Note: Aging can be done weekly if daily tasks are consistently up to date.)