

Payer Denial Register

Payer Name:		Account Example(s):	Denial Solution Status:	
Denial Reason Code(s):		Patient Type:	Primary Procedure\Dept:	
Claim Status Code:	Remark Code(s):	Admit/Service Date:	Open by:	Assigned to:

Denial Background and Description	Date Entered:

Denial Impact		
Denial Month:	Total Full Claim Denials:	Total Partial Claim Denials:
Total Denied \$\$:	Total Payments:	Total Gross Revenue:
Prior Month Tot Den \$\$:	Prior Month Tot Pays:	Prior Month Tot Gross Rev:

Denial Work-flow Description – (root-cause)	Date Entered:
Describe the work-flow process or technical issue causing the denial:	

Denial Work-flow Description – (root-cause)	Date Entered:
Describe the work-flow process or technical issue causing the denial:	

Claim Resubmittal Fix	Date Entered:
When possible, determine the changes needed to resubmit the claim for payment.	
PFS Biller Training Completed (by whom):	Date Trained:
PFS Staff Trained (list here):	

Denial Solution Plan	Date Proposed:
Describe the proposed solution to resolving this denial at its place of origin.	
Department(s) Impacted:	System(s) Impacted:
Financial Impact (gross):	Financial/Work-flow/Compliance

Solution Implementation	Date Proposed:
Describe the solution implementation plan.	
Go-live Date:	System(s) Impacted:
Department Responsible:	Solution Owner:

Approval and Authority to Proceed

We approve the project as described above, and authorize the team to proceed.

Name	Title	Date

Denial Solved Confirmation

We have validated the solution is working and confirmed the work-flow fix

Name	Title	Date

