

Revenue Health Check

Sample findings report

Illustrative example. All practice details, reports, observations and figures below are fictional. They demonstrate the report format, not client results or expected performance.

Practice: Example Primary Care **Prepared:** October 20, 2026
Period: September 1-30, 2026 **A/R and queue snapshot:** September 30, 2026

What needs attention

Start by assigning the unresolved follow-up work and verifying deadlines. The example shows \$84,000 in balances older than 90 days, two categories accounting for 65% of recorded denials, and gaps in queue ownership. These observations identify work to investigate; they do not establish recoverable revenue.

Measure	Illustrative result	Definition and source
A/R older than 90 days	\$84,000 / \$240,000 35%	91-120 and 121+ day debit balances divided by total open debit A/R. Source A.
Eligibility and authorization denials	78 / 120 65%	Share of recorded denial events in these two categories; not a claim denial rate. Source B.
Open follow-up exceptions	18 / 60 unassigned 24 / 60 past due	30% lack an owner; 40% have a next-action date before the snapshot. Source C.

1 Older balances need a verified work plan

Evidence: A/R is \$108,000 at 0-30 days, \$30,000 at 31-60, \$18,000 at 61-90, \$24,000 at 91-120 and \$60,000 at 121+ days (Source A). The last two buckets total \$84,000.

Interpretation: Review older balances by payer, status and deadline before selecting work. Age alone does not show whether a balance is payable.

2 Two denial categories deserve closer review

Evidence: Eligibility accounts for 48 denial events and authorization for 30; duplicates account for 24 and other reasons for 18 (Source B). The first two categories total 78 of 120.

Interpretation: Verify reason mapping and review the related intake steps. Summary labels alone do not establish a root cause or preventability.

3 Follow-up ownership is incomplete

Evidence: Of 60 open work items, 18 have no assigned owner and 24 are past their recorded next-action date (Source C). Their overlap is unknown.

Interpretation: Assign owners and refresh action dates first. Do not add these groups together or treat past-due tasks as proven payer deadline breaches.

Recommended next steps

A proposed 30 day action plan

The practice manager and current billing team can use this plan together. Owners and timing below are proposals to confirm at the findings review; they are not an ERG service commitment.

Priority and timing	Proposed owner	Action and completion evidence
1 First 5 business days	Billing lead	Reconcile the 60 open items. Assign an owner to all 18 unassigned items; review all 24 past-due items and record the next action, due date and any verified payer deadline.
2 First 10 business days	A/R lead	Validate the \$84,000 older-balance total against the payer summary. Set review order using verified deadlines and claim status; document unresolved reporting differences.
3 By day 15	Denials lead and front desk supervisor	Confirm the 78 eligibility/authorization events and whether repeat events concern the same claims. Check the relevant intake steps and agree one corrective workflow change supported by evidence.
4 By day 30	Practice manager	Repeat the same summaries. Report remaining unassigned and past-due items, older A/R, denial category counts and completed actions; explain changes in reporting scope.

Information needed to verify the findings

A/R: Confirm payer and patient responsibility, the aging basis, credit treatment and posting cutoffs. Obtain status and deadline information through an agreed review process before deciding whether any balance is collectible.

Denials: Obtain unique claim counts, repeat-denial handling and a matched submitted or adjudicated claim population before calculating a claim denial rate.

Follow-up: Confirm overlap between the 18 unassigned and 24 past-due items, the latest activity and the team responsible. Resolve missing or stale dates.

Source register and calculation notes

A - A/R aging summary: Fictional snapshot as of September 30, 2026; aging from date of service; all payer and patient open debit balances. Credit balances excluded. Older A/R = $(\$24,000 + \$60,000) / \$240,000$.

B - Denial category summary: Fictional events recorded September 1-30, 2026; one primary category per event. A claim may generate more than one event. Category share = $(48 + 30) / 120$.

C - Follow-up queue summary: Fictional snapshot of 60 distinct open work items as of September 30, 2026. Missing owner = $18 / 60$; past due = $24 / 60$. A work item is not necessarily a unique claim.

Review limits and delivery

This focused operational review does not include claim-level auditing, coding validation, contract analysis or recovery work. No external benchmark or recovery estimate is applied. There is no prior-period comparison, so the sample does not establish a trend.

At the findings review: Confirm the report definitions, agree owners and dates, and choose any further work separately. Aggregate summaries without patient identifiers are the starting point; arrange any sensitive-data review before sharing.

Discuss your practice's review: info@ergmd.com | (725) 266-8803 | ergmd.com