



Dental Billing Checklist: Claims & Payment Verification

 Show only Checklist

Display Style
Default 

Patient Information Verification

Confirm patient demographics, insurance details, and authorization are accurate and complete.

Patient First Name

Write something...

Patient Last Name

Write something...



Patient Date of Birth (Year)

Enter a number...

Patient Date of Birth

Enter date...

Patient Address (Street)

Write something...

Patient City

Write something...

Patient State

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐

- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

Patient Zip Code

Write something...

Primary Insurance

- ☐ Yes
- ☐ No

Procedure Coding & Documentation

Verify correct CPT/HCPCS codes are used and documented in patient records to match services rendered.

Procedure Code (CPT/HCPCS)

Enter a number...

Procedure Description

Write something...

Narrative Notes (if applicable)

Write something...

Anesthesia Type (if applicable)

- ☐ Local Anesthesia
- ☐ General Anesthesia
- ☐ Nitrous Oxide
- ☐ None

Units/Quantity of Service

Enter a number...

Date of Procedure

Enter date...

Diagnosis Codes (ICD-10)

Claim Submission

Ensure claims are submitted electronically or manually to the correct payer and in the required format.

Submission Method

- ☐ Electronic Claim (Clearinghouse)
- ☐ Manual Paper Claim

Claim Number (if applicable)

Enter a number...

Payer ID

Date of Service

Enter date...

Notes/Comments (e.g., authorization number, specific instructions)

Write something...

Claim Form Version

Payer Eligibility & Authorization

Confirm patient eligibility and obtain necessary pre-authorizations before providing treatment.

Insurance Verification Method

- ☐ Online Portal
- ☐ Phone Call
- ☐ Fax
- ☐ Email

Authorization Number

Enter a number...

Verification Date

Enter date...

Pre-Authorization Required?

☐ Yes

☐ No

Authorization Expiration Date

Enter date...

Notes/Comments

Write something...

Claim Tracking & Follow-up

Monitor claim status, investigate denials, and resubmit claims as needed.

Claim Number

Enter a number...

Date Claim Submitted

Enter date...

Date of Initial Follow-Up

Enter date...

Claim Status

- ☐ Submitted
- ☐ Received by Payer
- ☐ Processed
- ☐ Paid
- ☐ Denied
- ☐ Pending

Payer Notes/Communication Log

Write something...

Reason for Follow-Up (if applicable)

- ☐ No Response
- ☐ Request for Information
- ☐ Payment Issue
- ☐ Denial Inquiry

Date of Next Follow-Up

Enter date...

Contact Person at Payer

Write something...

Payment Posting & Reconciliation

Accurately post payments received and reconcile them with outstanding claims.

Payment Amount Received

Enter a number...

Date of Payment Received

Enter date...

Payment Method

- ☐ Cash
- ☐ Check
- ☐ Credit Card
- ☐ Insurance Payment
- ☐ Other

Claim/Invoice Number

Enter a number...

Notes/Comments (e.g., Explanation of Benefits details)

Write something...

EOB Amount

Enter a number...

Adjustment Reason (If Applicable)

- ☐ Contracted Rate
- ☐ Duplicate Claim
- ☐ Patient Responsibility
- ☐ Other

Patient Statements & Appeals

Generate patient statements, handle patient inquiries about billing, and process appeals for denied claims.

Statement Balance

Enter a number...

Statement Date

Enter date...

Patient Inquiry Summary

Write something...

Resolution Status

☐ Resolved

☐ Pending

☐ Escalated

Resolution Details (if applicable)

Write something...

Appeal Filed?

☐ Yes

☐ No

Appeal Submission Date (if applicable)

Enter date...

Appeal Notes (if applicable)

Write something...

Compliance & Audit

Maintain compliance with billing regulations and conduct periodic audits to ensure accuracy and identify areas for improvement.

Last Compliance Audit Date

Enter date...

Number of Claims Audited

Enter a number...

Areas Audited (Check all that apply)

- ☐ Coding Accuracy
- ☐ Documentation Completeness
- ☐ Authorization Verification
- ☐ Patient Demographics
- ☐ Payment Posting
- ☐ Other (Specify in Long Text)

Details of 'Other' Area Audited (if selected)

Write something...

Number of Coding Errors Found

Enter a number...

Number of Documentation Errors Found

Enter a number...

Corrective Actions Taken (if any errors found)

Write something...

Date Corrective Actions Completed

Enter date...

Audit Outcome

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory