

Checklist for Response to Payer Record Request

All Services

- Letter providing any additional information that may support charges as billed
- Transcribed copy of any illegible documentation
- Contact information for auditor to contact with any questions
- Can records reach the requesting party within time limit of request if sent regular mail or should express mail be used (always send with return receipt requested)
- Signature and/or abbreviation log
- Count of records copied matches count of records mailed (in case two pages went through copier at once resulting in a missed copy)

Office/Outpatient Clinic

- Dates of documentation match dates of records requested
- Two patient identifiers on each piece of documentation
- Patient history forms
- Progress notes, handwritten AND dictated
- Procedure notes, informed consent, and pathology report (if applicable)
- Advance Beneficiary Notice (signed and dated prior to service)
- Lab & X-ray results billed or referenced
- Any and all other documents referred to and/or signed (e.g., past history referenced as unchanged in progress note)
- Any pertinent flow sheets (i.e. DM, Coumadin)
- Copies of patient care plan/education handouts referenced
- Referrals/consultations documented (includes to whom referred and reason)
- Appropriate signatures with credentials of all clinicians providing care

Inpatient/Observation

- Dates of documentation match dates of records requested
- History and Physical, dictated and handwritten notes
- Physician orders
- Outpatient notes if seen that day prior to admission (all corresponding documents)
- Diagnostic results
- Discharge summary (is approx. time noted?)
- Appropriate signatures with credentials of all clinicians providing care