1736 – Denial Managament Details Report.

This sample report shows a report categorized by accountability Group.
The other two Details reports are categorized by Payer (1734) and Payee(1735). On those reports, Group is included in the body of the report.
The CSV version of the Details report includes all three categories in the details.

DENIAL MANAGEMENT DETAILS REPORT - BY GROUP

GROUP: BILLING

PATIENT NAME LAST, FIRST	PATIENT CONTROL NO.	PAYEE FROM REMIT	CLAIM BILLED	DENIED	PAYER	CODE	CODE AMOUNT
PATIENT 2	0000000002	MEMORIAL HOSPITAL	23,226.05		METRO INSURANCE	18	23,226.05
PATIENT 1	0000000001	MEMORIAL HOSPITAL	717.70		METRO INSURANCE	A2	717.70
PATIENT 3	0000000003	MEMORIAL HOSPITAL	2,376.75	359.24	METRO INSURANCE	29	267.00
PATIENT 4	0000000004	MEMORIAL HOSPITAL	15,903.30		GENERAL INSURANCE	18	103.30
PATIENT 5	0000000005	MEMORIAL HOSPITAL	17,282.50		GENERAL INSURANCE	A1	56.50
			$59,506.30	$ 359.24			$24,370.55

<Page break between categories>

DENIAL MANAGEMENT DETAILS REPORT - BY GROUP

GROUP: REGISTRATION

PATIENT NAME LAST, FIRST	PATIENT CONTROL NO.	PAYEE FROM REMIT	CLAIM BILLED	DENIED	PAYER	CODE	CODE AMOUNT
PATIENT 6	0000000006	MEMORIAL HOSPITAL	8,975.90		GENERAL INSURANCE	26	856.90
PATIENT 7	0000000007	MEMORIAL HOSPITAL	4,789,89		METRO INSURANCE	93, 119	609.89
PATIENT 3	0000000003	MEMORIAL HOSPITAL	3,756,90		METRO INSURANCE	A6	498.00
PATIENT 4	0000000004	MEMORIAL HOSPITAL	23,957.10		METRO INSURANCE	1	357.10
PATIENT 5	0000000005	MEMORIAL HOSPITAL	17,282.50	234.00	GENERAL INSURANCE	42	234.80
			$58,939.50	$ 234.00			$2,556.69