



ELITEMED.HEALTH
EXCELLENCE IN EVERY CODE

Denial Intake Form

1. Practice Information

Practice Name:

Contact Name:

Title/Role:

Phone Number:

Email Address:

Preferred Method of Communication: Phone / Email / Both

2. Billing & EHR Details

Billing System/Software:

EHR/EMR System:

Clearinghouse (if applicable):

In-house or Outsourced Billing: In-house / Outsourced

3. Denial Overview

Date Range of Denials to Review:

Estimated Number of Denied Claims:

Total Value of Denied Claims (\$):

Top 3 Payers with Denials:

4. Common Denial Reasons

Eligibility Issues

Authorization/Pre-certification Missing

Coding Errors

Duplicate Claims

Timely Filing

Medical Necessity

Coordination of Benefits

Incorrect Patient Information

Bundling Issues

Other:

5. Current Denial Workflow

How are denials currently tracked?

Who is responsible for denial management?

Average turnaround time for reworking denials:

Appeal process in place? Yes / No

6. Documentation & Access

EOBs/ERAs

Denial Reports

Sample Claims

Patient Charts (if needed)

Preferred method for sharing data:

7. Goals & Expectations

Primary Goals:

Reduce denial rate

Recover lost revenue

Improve billing accuracy

Staff training

Other:

Desired timeline for results:

Specific concerns or challenges:

8. Authorization

I authorize EliteMed Health to review denial data for analysis purposes.

Name:

Signature:

Date: