INSURANCE REIMBURSEMENT RECEIVABLE RECONCILIATION LEDGER

Claims Tracking and Reconciliation Template

Provider/Facility:		**Reconciliation Period:**	
NPI / Tax ID:		**Date Prepared:**	
Prepared By:		**Reviewed By:**	

TOTAL CLAIMS BILLED

EXPECTED REIMBURSEMENT

TOTAL RECEIVED AMOUNT

TOTAL ALLOWED ADJUSTMENTS

TOTAL OUTSTANDING BALANCE

DOS	CLAIM ID	PATIENT NAME	PAYER NAME	BILLED ($)	EXPECTED ($)	PAID ($)	WRITE-OFF ($)	BALANCE ($)	PAYMENT REF #	POST DATE	STATUS

DOS	CLAIM ID	PATIENT NAME	PAYER NAME	BILLED ($)	EXPECTED ($)	PAID ($)	WRITE-OFF ($)	BALANCE ($)	PAYMENT REF #	POST DATE	STATUS
			Total:								

Prepared By (Signature) Date

Authorized Approval (Signature) Date