



Gagnon Consulting Corp

AR ANALYSIS REQUEST

Date: _____

Facility Name: _____

Address, City State, Zip: _____

Requestor Name: _____

Requestor Title: _____

Office Number: _____ Ext.: _____

Cell Number: _____

Email: _____

AR ANALYSIS Data Submission Requirements

File to be submitted in either MS Excel (2003/2007) or CSV format.

File to include the following minimum data elements:

- Patient Account Number (**Do not send PHI elements i.e. Patient SSN or Medical Record #**)
- * Admit Type
- * Patient Type
- * Financial Code
- * Insurance Plan
- Account Status (Unbilled, DNFB, Billed, Pre Collect/BD)
- Admit Date mm/dd/yyyy
- Discharge Date mm/dd/yyyy
- Final Bill Date mm/dd/yyyy
- Current Date of File mm/dd/yyyy
- Aging of current balance 9999

*** Separate help file that provides the definition for each respective support codes.**

- Total Charges 999999999.99 +/-
- Final Billed Charges 999999999.99 +/-
- Total Payments 999999999.99 +/-
- Date of last Payment mm/dd/yyyy
- Total Adjustments 999999999.99 +/-
- Date of last Adjustment mm/dd/yyyy
- Current Balance 999999999.99 +/-

Other data can be included if it is already part of a predefined extract file from your current Patient Accounting system, however this extra data will not be used unless a specific request is submitted with expected outcome. **Do not include any PHI information.** Insure file is sent via secure method to insure confidentiality.