



Checklist for Submission of Accounts to ERS

FAX # 830-755-5004

Facility Name: _____

Patient Name _____ Patient Account Number _____

Dates of Service _____ Date of Denial _____

Billing

Items Submitted

- Copy of Assignment of Benefits
- Copy of Insurance Card
- EOB
- UB Claim Form
- Collection Notes
- All Correspondence

Items Received

- Copy of Assignment of Benefits
- Copy of Insurance Card
- EOB
- UB Claim Form
- Collection Notes
- All Correspondence

HIM

If it is a medical necessity or DRG issue, will need Medical Records, including the following;

- Coding summary sheet
- Face sheet
- History and physical
- Discharge Summary
- Doctor's orders
- Physician's progress notes
- Consultation notes
- Physician Procedure Reports
- Operative report
- Anesthesia record
- Lab reports
- X-ray reports
- Vital Sign Summary sheet
- Medication Administration Sheets (MARS)

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Date Submitted to ERS _____

Date Received by ERS _____

Submitted By _____

Received By _____