WORKBOOK-ALIGNED EDITION / 02

Dental Claims Health Check

Fictional Dental Practice | Snapshot: October 10, 2026

All claim records and findings in this example are fictional. Payer names are labels used in the invented workbook, not findings about those organizations. Ages below are days since submission, not days since service.

$18,450	24	$8,950	48.5%
Open insurance A/R	Open claims	More than 60 days	Share over 60 days

Executive summary

The workbook contains 24 positive-balance claims totaling $18,450. Ten claims, representing $8,950, are more than 60 days from submission. The five records marked High priority total $5,300. These are outstanding balances for review, not verified collectible cash or recovered revenue.

Insurance A/R aging analysis

Age from submission	Claims	Outstanding	Share
0-30 days	8	$5,200	28.2%
31-60 days	6	$4,300	23.3%
61-90 days	5	$3,650	19.8%
91-120 days	3	$2,900	15.7%
121+ days	2	$2,400	13.0%
TOTAL	24	$18,450	100.0%

Observed in the workbook

Follow-up documentation: all 24 records have blank Last Contact and Payer Ref # fields. That is a documentation gap in this file, not proof that nobody contacted a payer.

Attachment-related labels: four records marked Missing attachment total $3,000; one marked Missing attachment denial is $1,000. The underlying payer notices were not supplied.

What this sample cannot establish

Dates of service, payer-specific filing or appeal deadlines, the accuracy of denial labels, actual payments received and the amount ultimately collectible are not established by the workbook. They need independent verification in a real engagement.

Source: Dental_Claims_Tracker_Demo.xlsx, Claims Tracker!A1:Q25 and Dashboard!A4:G15. Calculations use the fixed snapshot date above.

RECOMMENDATIONS / NOT COMPLETED ACTIONS

Priority review queue

Suggested working order. Verified deadlines, when available, take precedence over age.

Claim	Age / balance	Workbook issue	Proposed next action
DEMO-123	132 days $1,400	No status documented	Ask the practice to confirm payer receipt and provide a current status/reference.
DEMO-124	124 days $1,000	Missing attachment denial	Verify the denial notice, missing document and available response route before any action.
DEMO-122	116 days $950	Pending review	Ask for the current review status and a documented next-check date.
DEMO-121	105 days $950	Missing attachment	Identify the requested attachment and have authorized staff confirm the response process.
DEMO-120	96 days $1,000	COB verification	Have the practice verify coordination of benefits (COB) and payer order.

Together, these five records total $5,300, or 28.7% of the $18,450 sample balance. They are the workbook's High-priority records; this review has not verified an imminent deadline for any of them.

Additional escalation

DEMO-117 is 73 days from submission with a $730 balance and the label Possible coding discrepancy. An authorized practice reviewer should evaluate the concern. This report does not determine a correct code or recommend changing clinical documentation.

Two-session handoff plan

Session 1 - Validate and triage: confirm the report snapshot, check balances against the practice's records, distinguish payments from adjustments, identify deadline evidence and list information still missing.

Session 2 - Report and assign: review the action queue with the practice contact, assign an owner and next-check date to each priority claim, and record which questions remain unresolved.

Measure actions separately from results

Track claims with a specific next step, assigned owner and verified status. Track actual cash receipts separately from write-offs, adjustments or pending payments. No payments, appeals or recoveries have been verified in this fictional review.

Source reconciliation note

The earlier Sample_Dental_Claims_Health_Check.pdf matches the workbook's aggregate aging totals but uses different claim IDs and details in its example table. This edition explicitly uses the Excel claim records; it does not change the original files. For example, the 132-day/$1,400 record is DEMO-123 in the workbook, not DEMO-101.

Source locations: Claims Tracker!A21:Q25 (five priority records), A18:Q18 (coding label), O2:P25 (blank contact/reference fields). Recommended actions are new practice suggestions, not evidence that work occurred.