SAMPLE REPORT · This document shows the format and content of the monthly report every Revstream client receives. **All figures, the practice name and the payer detail are fictitious.** It contains no real practice, patient or payer information.

PREPARED FOR
Meadowbrook Family Medicine
3 providers · Family Practice · Albuquerque, NM

PERIOD
1 – 31 August 2026
Prepared 3 September 2026

ACCOUNT MANAGER
Taimoor Khan
(929) 202-5967 · info@revstreamsol.com

The month in one line

Collections rose to **$268,430**, the sixth consecutive monthly increase, and days in A/R fell to **28.4**. The clean claim rate improved to **94.8%** after we corrected the prior-authorization workflow for imaging referrals. One thing needs your attention: A/R over 90 days grew to **9.8%**, driven almost entirely by eleven UnitedHealthcare claims awaiting records we have requested from your office twice.

Headline measures

CLEAN CLAIM RATE	NET COLLECTION	DAYS IN A/R
94.8%	**96.2%**	**28.4**
first-pass acceptance	of allowed amount	days, all payers
+1.6 pts vs July	**+0.4 pts vs July**	**-0.8 vs July**

DENIAL RATE	A/R OVER 90 DAYS	AVG DAYS TO BILL
6.4%	**9.8%**	**1.4**
of claims submitted	of total A/R	charge entry to submit
-0.9 pts vs July	**+0.7 pts vs July**	**unchanged**

Financial summary

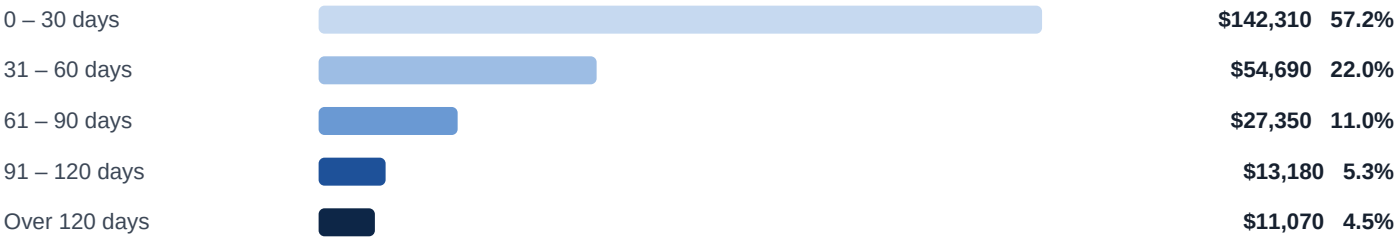
	Amount
Gross charges	$412,850
Contractual adjustments	($121,600)
Write-offs and refunds	($6,420)
Insurance payments	$241,380
Patient payments	$27,050
Total collected	**$268,430**

Gross collection rate 65.0%. Net collection rate 96.2% — the share of what payers allowed that we actually collected, which is the number that measures our work.

Accounts receivable

Total outstanding A/R at 31 August: **$248,600** across 486 open claims. Healthy practices keep 75–80% of A/R inside 60 days; you are at 79.2%.

A/R by age

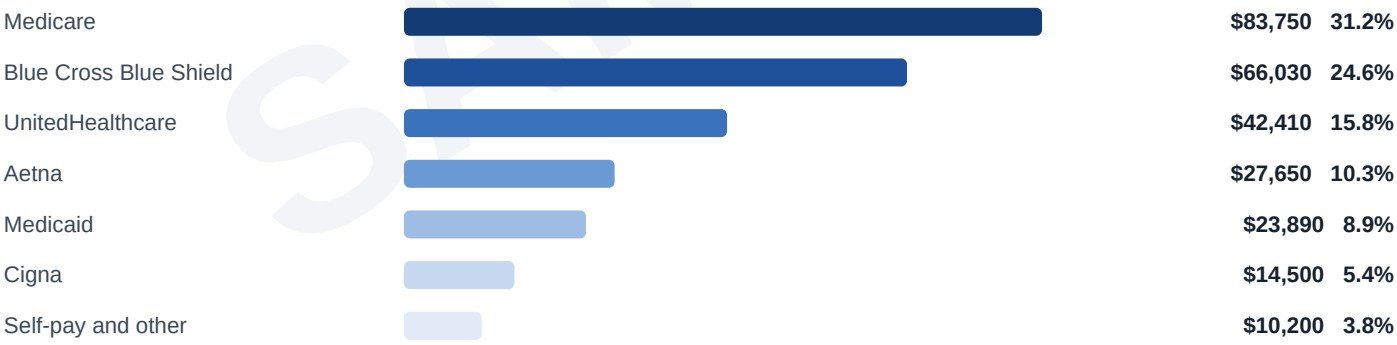


Darker bars are older money. Anything past 90 days is where recovery becomes difficult and where we concentrate follow-up.

What sits over 90 days

Payer	Claims	Balance	Status
UnitedHealthcare	11	$9,340	Records requested from practice — 2 reminders sent
Blue Cross Blue Shield	6	$4,720	Appealed 14 Aug, awaiting determination
Medicare	4	$3,180	Corrected claims resubmitted 22 Aug
Aetna	3	$2,410	Under review, no action needed
Self-pay	9	$4,600	Second statement issued; final notice due 12 Sep

Where the money came from



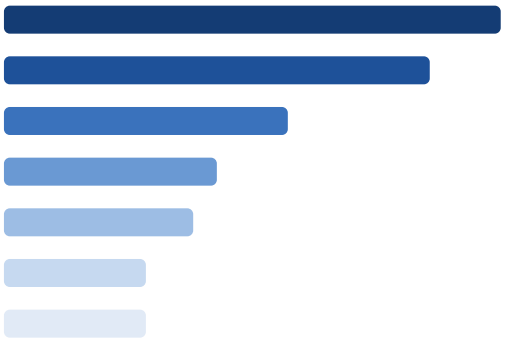
Payer mix by payments received. Medicare and BCBS together account for 55.8% of your collections, so their fee schedule changes matter more to you than anyone else's.

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Denials and appeals

80 of **1,247** claims submitted were denied on first pass — a denial rate of **6.4%**, down from 7.3% in July. Total value denied: **$25,940**.

Denials by reason



CO-197 Prior authorization absent	21 claims	$8,420
CO-16 Missing or incomplete information	18 claims	$5,910
PR-204 Service not covered under plan	12 claims	$3,680
CO-11 Diagnosis inconsistent with CPT	9 claims	$2,970
CO-18 Duplicate claim or service	8 claims	$1,540
CO-29 Timely filing limit expired	6 claims	$2,240
Other	6 claims	$1,180

Prior authorization remains your single largest denial category. Twelve of those twenty-one were imaging referrals ordered before authorization came back — a front-desk workflow issue, not a coding one, which is why it is in the action list on the next page.

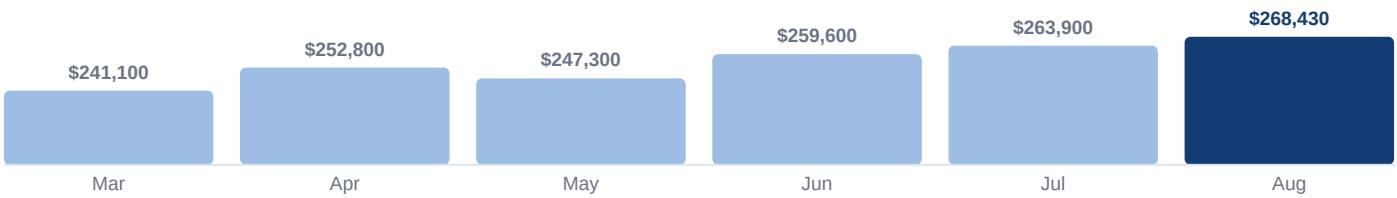
What we did about them

	Claims	Value	
Appealed or corrected and resubmitted	64	$21,180	
Overturned and paid	**41**	**$14,280**	64.1% success rate
Still pending determination	17	$4,910	Average 19 days open
Upheld — not recoverable	6	$1,990	Written off with your approval
Not appealable (patient responsibility)	16	$4,760	Moved to patient statements

Productivity

Claims submitted	**1,247**	Patient statements issued	**214**
Average days, date of service to submission	**1.4**	Eligibility checks run before visit	**1,193**
Charges entered	**1,268**	Appeals filed	**64**
Payments posted	**1,431**	Calls made to payers	**187**

Collections, last six months



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Actions

Every report ends here. Two short lists: what we did, and the small number of things only your office can do. Nothing on the second list is busywork — each item has money attached to it.

What we did this month

- **Rebuilt the prior-authorization check for imaging referrals**
  Eligibility and authorization are now verified together at booking rather than at check-in. Imaging denials fell from 19 in July to 12 in August.
- **Recovered $14,280 through appeals**
  41 of 64 appealed claims overturned. The largest single recovery was $2,840 on a BCBS claim originally denied for medical necessity.
- **Cleared the July self-pay backlog**
  214 statements issued, first cycle complete. Patient payments rose to $27,050 from $19,400.
- **Reworked 23 claims denied for incomplete information**
  Nineteen resubmitted and paid within the month; four are awaiting documentation from your office.

What we need from you

- **Records for 11 UnitedHealthcare claims — $9,340 at risk**
  Requested 8 and 21 August. Nine of these reach the 120-day mark in late September, after which recovery is unlikely. This is the single largest item on the report.
- **Confirm the write-off of 6 upheld appeals — $1,990**
  We do not write anything off without your approval. Reply to this report to authorize, or tell us to keep pursuing them.
- **Documentation for 4 claims held for incomplete notes**
  Listed in the attached claim detail. All four are inside timely filing until 4 October.
- **Decision on the 12 September final notices**
  Nine patient balances totaling $2,180 reach final notice next week. Tell us if any should be held or sent to collections.

How to read this report

Clean claim rate	Claims accepted on first submission, no rework. Above 95% is strong.
Net collection rate	Of what payers agreed to pay, how much we collected. This measures our work. Above 95% is strong.
Gross collection rate	Payments as a share of billed charges. Reflects your fee schedule, not our work — a low number is normal.
Days in A/R	Average age of outstanding money. Under 35 days is healthy for family practice.
A/R over 90 days	The share of your money getting hard to collect. Watch this more closely than anything else here.

This is a sample. Your own report would carry your practice name, your payers and your numbers, and would arrive by the fifth working day of each month with the full claim-level detail attached. Questions about anything here: **(929) 202-5967** or **info@revstreamsol.com**.

Revstream RCM Solution LLC · 2105 Vista Oeste NW, Suite E #3117, Albuquerque, NM 87120 · New Mexico Business ID 0008109728 · revstreamsol.com

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