FINANCIAL ADVOCACY NETWORK

Resources & Tools for the Multidisciplinary Team

Tracking Form for Denied Claims

Patient Name	Medical Record or Account #	Payer	Provider	Location Where Treated (if multiple sites)	Date of Service	CPT Code	Support Documentation Sent With Claim	Reason for Denial	Date to Follow-Up	Staff Assigned to Follow-up

ACCC

Association of Community Cancer Centers

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