

Management Reports

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Appointment Reminders Report

Description: The Appointment Reminders Report displays a list of appointment reminder calls and text messages that were sent for a given date range or that were for appointments within a given date range. Information related to the appointment as well as the result of the reminder call or text(s) are displayed on the report.

Limitations: None.

Claim History Report

Description: The Claim History Report displays a list of claims whose date of service is within a given time frame along with information related to the activity of each claim. Specifically, billing activity as well as payment activity for each claim is displayed as well as the billed amounts and payment amounts.

Limitations: Does not include deleted payments or deleted claims. Does not include claim billing events that have been deleted.

Facility Statistics Report

Description: The Facility Statistics Report displays a summarized listing of all charges whose date of service is within a given time frame, broken up by the facility and payer associated with the charges. For each facility, the report totals all charges that went out under a given payer in a given month. The overall total of charges displayed on the report as well as a count of all charges and their associated patients can be found at the bottom of the report.

Limitations: Does not include deleted charges. Does not include debits. does not include charges that are not associated with a facility.

ICD Frequency Report

Description: The ICD Frequency report lists all unique ICDs used on claims whose date of service is within a given time frame and counts the number of times a particular ICD was used. This report can be ordered by the use count to see the most used and least used diagnosis codes in a given period of time.

Limitations: Does not include ICDs from deleted claims.

Important Note: This report will include ICD codes used on institutional claims (Diagnosis and E-codes).

Insurance Check Listing Report

Description: The Insurance Check Listing Report displays applied insurance checks within a specified check date range. The report retrieves the payer, check date, check number, check amount, and any remaining amount. The report can be filtered by the payer, check number, date, and/or amount.

Limitations: This report does not include deleted or unapplied checks.

Merchant Payments Report

Description: The Merchant Payments Report gives a detailed listing of all payments that have been processed by Integrated Payment Processing. Each payment is broken down by where it was entered, whether it was within the CollaborateMD application, the Patient Payment Portal, or through Sunbit. It can also be filtered by whether the payment was processed successfully, followed by the payment authorization code, or if the payment is through auto pay. The report contains various filtering options, including the origin of the payment and the payment date.

Limitations: This report will only display information related to payments that were processed through the Integrated Payment Processing as credit cards. All other payments posted (cash, checks, EFT, or credit cards not processed through the Integrated Payment Portal) will not be displayed. Payments processed from insurance payers are not linked to patients on the report.

Patient SMS Appt Reminder Opt In Status Report

Description: The Patient SMS Appt Reminder Opt in Status Report shows which patients have been sent the opt-in message, responded to the opt-in message, how many opt-in requests have been sent, and also the date that a patient was last asked to join your appointment reminder status. Filter options include patients practice and provider and when the opt-in was last sent, or patients' last or next appointment. Additional filter options include the confirmation status and the method of confirmation.

Limitations: Does not include inactive patients.

Patients with a Specific CPT Performed Report

Description: The Patients with a Specific CPT Performed Report displays a listing of patients that have had a particular procedure performed within a given time frame. The report retrieves that list of patients based on charges whose date of service is within a given time frame and that have a particular CPT associated with them. The report can also be run based on the default CPTs associated with patient accounts. The report is grouped by provider and totals for the amount of unique patients by provider as well as overall.

Limitations: Does not include deleted charges. Does not include debits. Does not include inactive patients

Payment Portal Logins Report

Description: The Payment Portal Logins Report gives users an overview of which patients are logging into the Patient Payment Portal and how much they are spending in each session. The report allows users to filter by the patients' login date, but also gives the option of only seeing login history for a specific patient account.

Limitations: None.

Payment Portal Registration Report

Description: The Payment Portal Registration Report allows users to manage their Patient Payment Portal registrations and easily identify patients that have registered and also ones that have yet to register. The report can be filtered by the date that an invitation was last sent to the patient.

Limitations: None.

Patients with a Specific Diagnosis Report

Description: The Patients with a Specific Diagnosis Report displays a listing of patients that have had a particular diagnosis within a given time frame. The report retrieves the list of patients based on claims whose date of service is within a given time frame and that have a particular ICD associated with them. The report can also be run based on the default ICDs associated with patient accounts. The report is grouped by provider and totals for the amount of unique patients by provider as well as overall.

Limitations: None.

Payments Received by Charge Aging Report

Description: The Payments Received by Charge Aging Report displays a total of all payments and adjustments received for charges based on the age of the charge (by date of service). The report shows total payments and adjustments broken up into insurance and patient categories and places them in an aging bucket based on the amount of time between the date of service of the charge and the date that the payment or adjustment was received. For example, if it took 35 days after a charge's date of service to receive a payment, the payment will fall into the "31 to 60 days" aging bucket. Totals per office can be seen and overall grand totals can be found at the bottom of the report.

Limitations: Does not include deleted charges or deleted payments. Does not include refunds or reversals

Procedure Done in a Date Range Report

Description: The Procedure Done in a Date Range Report displays a list of charges that are associated with a particular procedure or set of procedures and that were entered into the system within a given date range or have a date of service in a given date range. Information related to the charge such as CPT code, total payments/adjustments, and balance are displayed along with grand totals at the bottom of the report.

Limitations: Does not include deleted charges.

Referring Marketer Receivables Report

Description: The Referring Marketer Receivables Report displays a list of charges that have received payments within a given date range. Information related to each charge such as the CPT code, total payments/adjustments, and patient information are displayed on the report. Totals for the charge amount as well as the payments and adjustments associated with all charges can be seen per marketer and grand totals can be found at the bottom of the report.

Limitations: Does not include deleted payments or referring providers that do not have an associated marketer.

Referring Marketer Statistics Report

Description: The Referring Marketer Statistics Report displays a summarized view of all charges associate

with a particular CPT code and CPT department, broken up by referring provider as well as referring marketer. For each CPT code department, all CPTs under that department are listed and a total charge count and charge amount is listed for each based on charges whose date of service is within a given date range. Totals for all charges and charges and charge amounts can be found at the bottom of the report.

Limitations: By default, the report does not include CPTs with no associated department or charges that are not associated with a referring provider.

Referring Physician Statistics Report

Description: The Referring Physician Statistics Report displays a list of charges whose date of service is within a given date range broken down by their associated referring providers. Information related to each charge such as CPT code, and total payments/adjustments are displayed on the report. Totals for the charge amounts as well as the payments and adjustments associated with all charges can be seen per referring provider and grand totals can be found at the bottom of the report.

Limitations: Does not include deleted charges and does not include charges that have no referring provider associated with them.

Referring Source Report

Description: The Referring Source Report displays a list of claims whose date of service is within a given date range and their total amounts broken up by the claims' referring providers. Information related to each claim's patient is also displayed on the report. A total claim count and total claim amount can be seen per referring provider and grand totals can be found at the bottom of the report.

Limitations: does not include deleted claims or claims that are not associated with a referring provider.

See What Insurance Paid on Charges Report

Description: The See What Insurance Paid on Charges Report displays a list of CPT codes and the total number of charges, charge amounts, and payments associated with each. Additionally, the report also shows the average charge amount for each CPT as well as the average payment received for each CPT. A percentage is also displayed, representing how much of the total charges for a particular CPT have been paid. Grand totals for all charges as well as payments can be found at the bottom of the report.

Limitations: Does not include deleted payments. Only includes payments from insurance.

User Audit Report

Description: The User Audit Report displays user activity that was performed within a given date range. For each activity line, the report displays what activity was performed (creation, modification, deletion) and the section that the activity was performed in (patient, claim, credit, etc.). For each activity line, the report will also display a timestamp for when that activity occurred.

Limitations: None.

User Login Report

Description: The User Login Report displays user login and logout activity within a given date range. For each activity line, the username and the exact login and logout timestamps are given as well as the customer name, customer number, and IP address that the user logged in under.

Limitations: None.

Claim Scrubbing Validations Report

Description: The Validations Report displays a list of claim scrubbing validations that have been attempted based on the date of validation or based on dates associated with the claims. For each validation, the associated payer as well as the outcome of the validation are also listed.

Limitations: None.

Customer Access Listing Report

Description: The User Access Listing Report displays user group access within specific customers. The report displays the customer name, along with usernames that have access to it, User Type, and the user default customer. The report can be filtered by User Type or by the Customer.

Limitations: This report does not include inactive Users or Customers.

