

Denials and A/R work

Q3 2026 (July to September)

Denial rate 8.9% ▲ 2.5 pts vs 6.4% in Q2 2026 +2.7 pts vs 6.2% in Q3 2025	Denied dollars \$267K ▲ 48% vs \$180K in Q2 2026 +62% vs \$165K in Q3 2025	Denied lines 1,787 ▲ 54% vs 1,162 in Q2 2026 +59% vs 1,124 in Q3 2025	First insurer answers 20,122 ▲ 10% vs 18,298 in Q2 2026 +11% vs 18,184 in Q3 2025
Open denials \$58K 403 lines with nothing posted since the answer	No insurer answer 106 claims past 34 days; \$26K billed	Take-backs \$4,374 ▼ 40% vs \$7,270 in Q2 2026 -34% vs \$6,645 in Q3 2025	

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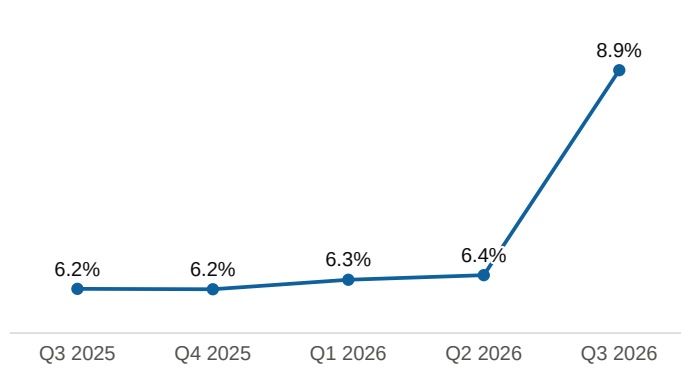
Denial rate

Q3 2026 (July to September)

By quarter: denied lines as a share of first insurer answers, and denied dollars

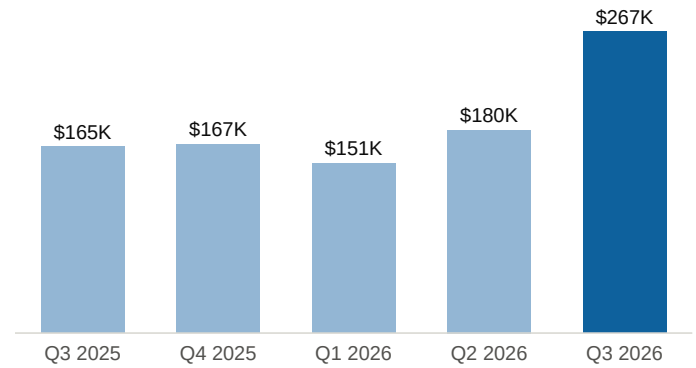
Denial rate by quarter

Denied lines / first insurer answers



Denied dollars by quarter

Dollars on denied lines



Each quarter in numbers

By quarter, newest first; the change is Q3 2026 against Q2 2026

Quarter	First insurer answers	Denied lines	Denial rate	Denied	Claims	Answers vs Q2 2026	Lines vs Q2 2026	Denied vs Q2 2026
Q3 2026	20,122	1,787	8.9%	\$267,022	1,678	+10%	+54%	+48%
Q2 2026	18,298	1,162	6.4%	\$179,928	1,128	-	-	-
Q1 2026	16,000	1,007	6.3%	\$150,510	968	-	-	-
Q4 2025	17,405	1,075	6.2%	\$167,444	1,032	-	-	-
Q3 2025	18,184	1,124	6.2%	\$165,039	1,076	-	-	-

Reasons

Q3 2026 (July to September)

By denied dollars in Q3 2026, largest first; every reason group, denied in each quarter, with changes

Denied dollars by reason group, Q3 2025 to Q3 2026

By denied dollars in Q3 2026, largest first; shaded: a change, either way; the average is Q3 2025 to Q2 2026

Reason group	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Share Q3 2026	Lines Q3 2026	Denied vs Q2 2026	Denied vs Q3 2025 to Q2 2026 average
Missing or wrong claim information	\$47,060	\$45,475	\$43,262	\$47,796	\$65,835	24.7%	460	+38%	+43%
Paid as part of another service	\$29,420	\$27,053	\$25,681	\$33,425	\$50,521	18.9%	330	+51%	+75%
Medical necessity and records	\$24,758	\$30,951	\$27,576	\$31,406	\$48,158	18.0%	333	+53%	+68%
Authorization or referral	\$30,827	\$27,945	\$24,162	\$30,173	\$45,760	17.1%	304	+52%	+62%
Patient not covered	\$14,081	\$15,735	\$14,771	\$18,572	\$26,402	9.9%	160	+42%	+67%
Not covered by the plan	\$14,063	\$16,945	\$11,077	\$15,447	\$23,125	8.7%	155	+50%	+61%
Filed too late	\$4,830	\$3,340	\$3,980	\$3,109	\$7,221	2.7%	45	+132%	+89%
All reasons	\$165,039	\$167,444	\$150,510	\$179,928	\$267,022	100.0%	1,787	+48%	+61%

By plan

Q3 2026 (July to September)

By denied dollars in Q3 2026, largest first: every plan, with answers, denied lines and rate

Denial rate and denied dollars by plan, Q3 2026 and Q2 2026

By denied dollars in Q3 2026, largest first; shaded: rate against the practice's own 8.9%

Plan	Type	Answers Q3 2026	Lines Q3 2026	Rate Q3 2026	Rate Q2 2026	Denied Q3 2026	Denied Q2 2026	vs Q2 2026	Share Q3 2026
Payer 2900004	Medicare	5,453	264	4.8%	4.8%	\$40,826	\$36,033	+13%	15.3%
Payer 2900012	Commercial	2,038	191	9.4%	5.5%	\$30,025	\$16,240	+85%	11.2%
Payer 2900008	Commercial	2,025	188	9.3%	5.3%	\$29,878	\$13,254	+125%	11.2%
Payer 2900010	Commercial	2,087	194	9.3%	5.0%	\$27,276	\$15,175	+80%	10.2%
Payer 2900011	Commercial	1,858	179	9.6%	5.1%	\$25,633	\$13,707	+87%	9.6%
Payer 2900007	Commercial	2,003	184	9.2%	4.9%	\$24,563	\$11,480	+114%	9.2%
Payer 2900005	Medicaid	848	158	18.6%	13.7%	\$24,322	\$16,032	+52%	9.1%
Payer 2900006	Medicaid	907	143	15.8%	17.7%	\$22,906	\$21,547	+6%	8.6%
Payer 2900009	Commercial	1,867	159	8.5%	5.3%	\$21,956	\$14,566	+51%	8.2%
Payer 2900013	Workers Comp	1,036	127	12.3%	14.5%	\$19,637	\$21,894	-10%	7.4%
All plans	-	20,122	1,787	8.9%	6.4%	\$267,022	\$179,928	+48%	100.0%

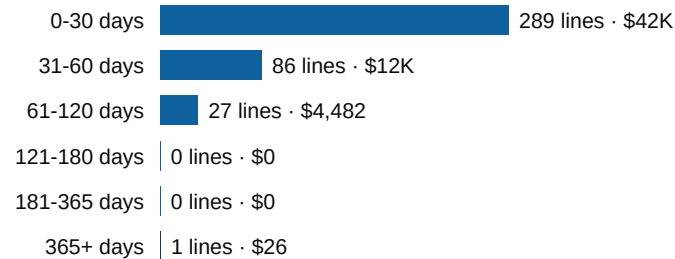
Open denials

As of Oct 6, 2026

Still open as of Oct 6, 2026: denied lines with nothing posted since the answer, by days since the denial, then by insurer type and reason, largest first

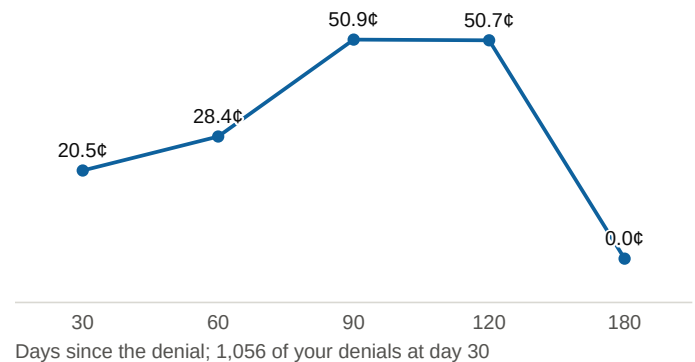
Denied dollars by days since the denial

By age, newest first; 403 lines



Cents back per dollar denied

Paid by the insurer in the next 180 days, by days since the denial



Open denials by insurer type and reason

By denied dollars, largest first; inside or past the appeal window by insurer type (public defaults unless your own are set)

Insurer type	Reason group	Lines	Denied	Inside window	Past window	Fewest days left	Share of open	Per line
Commercial	Missing or wrong claim information	57	\$8,293	57	0	95	14.2%	\$145
Commercial	Medical necessity and records	54	\$8,129	54	0	115	13.9%	\$151
Commercial	Authorization or referral	44	\$6,228	44	0	118	10.7%	\$142
Commercial	Paid as part of another service	38	\$5,236	38	0	99	9.0%	\$138
Commercial	Patient not covered	25	\$3,674	25	0	110	6.3%	\$147
Workers Comp	Missing or wrong claim information	14	\$2,422	14	0	113	4.2%	\$173
Medicaid	Paid as part of another service	17	\$2,414	17	0	42	4.1%	\$142
Medicare	Missing or wrong claim information	19	\$2,356	19	0	60	4.0%	\$124
Medicare	Medical necessity and records	13	\$2,306	13	0	48	4.0%	\$177
Medicaid	Missing or wrong claim information	19	\$1,999	19	0	38	3.4%	\$105
Medicaid	Authorization or referral	12	\$1,953	12	0	53	3.3%	\$163
Commercial	Not covered by the plan	16	\$1,850	16	0	143	3.2%	\$116
Workers Comp	Paid as part of another service	11	\$1,807	11	0	117	3.1%	\$164
All other (15 rows)	-	64	\$9,636	63	1	56	16.5%	\$151
All	-	403	\$58,303	402	1	38	100.0%	\$145

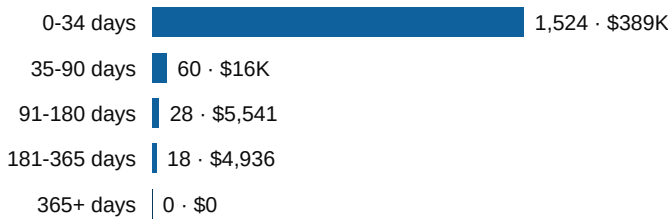
All 15 in All other are listed one by one in the Excel, tab "Open denials"

No answer, take-backs

As of Oct 6, 2026; take-backs by quarter
By days since the claim, newest first: claims with no insurer answer, and take-backs by quarter

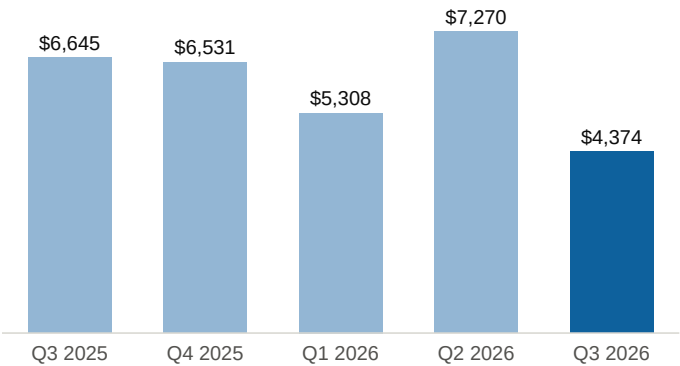
Claims with no insurer answer, by age

Days since the claim; your own normal wait is 34 days



Take-backs by quarter

Insurer payments taken back



No insurer answer, by days since the claim

By days since the claim, newest first: claims, billed dollars, inside the filing window, with an insurer clock

Days since the claim	Claims	Billed	Inside filing window	With an insurer clock	Billed, with a clock
0-34 days	1,524	\$388,761	1,524	1,524	\$388,761
35-90 days	60	\$15,825	59	60	\$15,825
91-180 days	28	\$5,541	10	28	\$5,541
181-365 days	18	\$4,936	7	18	\$4,936
365+ days	0	\$0	0	0	\$0
All claims	1,630	\$415,063	1,600	1,630	\$415,063

How it's worked out

- A month counts when 56% or more of its answers carry reasons (half your recent rate).
- Denial rate: denied lines over first insurer answers. Open: nothing posted on the line since the denial.
- The appeal window is the insurer type's public default, or the practice's own.
- Recovery curve: cents paid in the next 180 days per denied dollar, by days since the denial.
- No insurer answer: none after 34 days (your own 95th percentile). Only claims that name an insurer count (self-pay does not).
- Plans typed by the practice's own class. NM: under 11 answers.
- The Excel lists every plan, reason and open line.
- Shading: a change either way, from 2% (rates: 1 point) to darkest at 30% (10 points).