

Medical record audit form

BACKGROUND

Record No.: _____

Pet's name: _____

Client's name: _____

Doctor's name: _____

Assisting staff: _____

Date of visit: _____

Week: _____

Day of the week: _____

Total amount client paid \$ _____

MISSED CHARGES

Services client received that were not invoiced	Standard price
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total cost of missed charges \$ _____

DISCOUNTED CHARGES

Services client received that were discounted	Standard price	Discounted price
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total standard and discounted prices	\$ _____	\$ _____

Total cost of discounts (Standard price – discounted price) \$ _____

Total cost of missed and discounted charges \$ _____

Total cost of discounts and missed charges as a percent of the amount invoiced

(Total cost of missed and discounted charges ÷ Total amount invoiced × 100) _____ %

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