BENEFIT VERIFICATION

Let's face it. Most patients have NO idea how their dental benefits work. Patients look to the front desk to help guide them through the murky waters of dental benefits.

We recommend that the front desk constantly verify dental benefits about a week before the patient is scheduled. Why a week in advance? Well, if you find out that benefits have terminated for a patient, you will have adequate time to contact him/her to sort out the new benefits plan before their appointment.

As you obtain benefits, be sure to make any notes in the patient's appointment in your software regarding any limitations, x-ray frequency, or maximums that have been reached.

When obtaining dental benefit info, a verification form like the one found on the next page should be used. Feel free to copy ours or create one to better suit your practice.
This information is considered classified, so be sure to shred it after you've properly updated it and/or scanned in the practice management software.

The benefit verification form is broken down into sections.
The top part is for the patient logistical information. This information can be found on new patient paperwork and/or when doing daily patient contact updates.

The rest of the form is where the office can indicate specific plan information.

It is important to verify that a patient's dental plan is currently active.
We must also find out about patient deductibles, what they are, what services they are applied to, and if they've been met.
We must know yearly maximums, what benefits the patient may have already used, what their remaining benefits are, and if they have any pending claims.
Dental procedures are broken down into different categories. We must know at what percentages those categories will be paid.
We have also included a place to add orthodontic, occlusal,and implant coverage information. Feel free to skip these benefits if your practice does not offer these services.
Many insurance companies have frequency limits on how often they will cover certain procedures.
Ask about plan restrictions so that this information can be factored in when talking to patients about their co-payments.
Be sure to verify eligibility for preventive services–especially for new patients.

What additional specific things does your practice need to know when verifying benefits?

Some offices have hard time finding the time to verify coverage for every one of their patients.
Contact Mary Beth and Dental Support Specialties.
Benefit Verifications is one of the many services she offers!
DentalSupportSpecialties.com or call 330-639-1333.

2019 Front Desk Edition

BENEFIT VERIFICATION

Today's Date	Date of Appointment	Insurance Rep's Name	Your Initials

Patient Name:	Subscriber Name: Subscriber Employer
Patient Date of Birth:	Subscriber Date of Birth:
Name of Insurance Company:	Subscriber ID #: Plan Group #:
Insurance Company Phone Number:	Claims Mailing Address:
Insurance Company Payer ID: Provider In Network With This Plan? Y N	HMO Plan? PPO Plan? EPO Plan? Does payment go to Provider or Patient?

Plan Effective	Plan currently in effect? Y N Effective Date:	Jan 1-Dec 31 plan? Y N If no, when?	Plan Terminated? Y N If so, when?
Deductible Info	Individual Deductible: $ Family Deductible: $	Deductible applied to Preventive services? Y N	Deductible Met? Y N How much met?
Yearly Info	Yearly Max	Benefits Used $	Remaining Benefits $ Pending Claims $
Percentages	Preventive %	Basic %	Major %
	Endodontics %	Perio %	Oral Surgery %
	Ortho % Ortho Max $ Separate Ortho Ded? Age Limit? How will insurance pay?	Occlusal Guards (D9940) Y N % Bruxism only? Osseous Surgery?	Implant Y N % Implant Crown Y N %
Frequencies	Panorex?	Prophy?	Exam?
	Fluoride? Y N Age limit?	Sealants? % Age limit?	SRP? (D4341) % History of SRP?
	Arrestin (D4341) % Same day as SRP? Y N	Perio Maint (D4910) % In addition or in place of prophy?	
Restrictions	Composites downgraded? Y N	FMD (D4355) %	Limited exam (D0140) % Same day as service? Y N
	Waiting Periods? Y N If so, for what and when?	Missing Tooth Clause? Y N	Replacement Clause? Y N Paid on Prep or Seat Date?
Is the patient currently eligible for the following:	Comp Exam (D0150) Y N Periodic Exam (D0120) Y N	Prophy (D1110) Y N Child Pro (D1120) Y N	Pano/FMX Y N Bite Wings Y N

CLAIMS RECOVERY

Receiving insurance payments in a timely fashion allows the dental office to make ends meet. It becomes difficult to pay business bills–including payroll–when there are a lot of unpaid dental claims. And you want to get paid, don't you?

We recommend running an outstanding insurance report every Monday. As time permits throughout the week, the front desk should use that report to contact the insurance companies for any claim overdue by 30 days or more. (Most insurance companies will not entertain claim status questions unless the claim is overdue by at least 30 days.) It's very easy to do this. Simply call the insurance company, provide them with the patient information and claim date of service, and ask about the status of the claim.

There are many reasons why insurance companies are slow to process claims. Here are the three biggest reasons.

1. THE CLAIM WAS NEVER RECEIVED
Send it to the insurance company again. Sometimes it helps to send it in multiple ways to ensure they will receive it. Send it electronically, via fax, and send it in the mail.

2. THERE IS MISSING PROCEDURE INFORMATION
Payment to the office will be greatly delayed if information is missing from the claims. Some procedures require certain information added to claims. Here are some examples: Orthodontic claims require diagnosis, treatment length, and total treatment fee. Crown claims require a pre-op x-ray, seat date, and date of original placement, if it is a replacement crown. Endodontic claims require a post-op x-ray. Scaling and Root Planing claims require periodontal charting, x-rays, and sometimes a narrative.
Be sure to add any additional information the insurance company requires and resubmit the claim. Send it in multiple ways.
What procedures does this office perform that require additional claim information? What additional information must be sent with those claims?

3. INCORRECT SUBSCRIBER INFORMATION
This is a common problem for offices that are not verifying dental benefits ahead of time. Claims should not be sent to the wrong insurance company or with the incorrect subscriber info if the front desk updates patient contact and insurance info as patients come in for appointments.

The biggest lesson here is to make sure claims are sent correctly, the first time, to avoid payment delay. We've included an example of a Weekly Claims Status Recovery report. It's helpful for a manager to receive the status of overdue claims in that report. Be sure to document any claim status notes in the patient's file in the practice management program.

Have way too many outstanding claims and need help getting them under control? Contact Mary Beth and Dental Support Specialties. Insurance claims recovery is one of the many services she offers! DentalSupportSpecialties.com or call 330-639-1333.

CLAIMS RECOVERY

Patient Name:	Patient Date of Birth:
Subscriber Name:	Subscriber Date of Birth:
Insurance Company:	Insurance Phone Number:
Insurance Representative Name:	Call Reference #:
Date of Service:	Treatment and Amount Submitted:
Has insurance company received claim? YES If yes, who was paid? Subscriber or provider? Has check been cashed?: Date and check number: If insurance company has received claim, but has not yet paid, why not? What do we need to do to get claim processed and paid? Additional information needed? X-ray films? Perio Charting? Narrative? Who is sending this info and when?	Has Insurance Company Received Claim? NO If no, does claim need to be resubmitted? Fax (verify number) Paper (verify mailing address) Electronically (verify payer ID) Who will resubmit claim and when?
Additional Notes:	Additional Notes:

Patient Name:	Patient Date of Birth:
Subscriber Name:	Subscriber Date of Birth:
Insurance Company:	Insurance Phone Number:
Insurance Representative Name:	Call Reference #:
Date of Service:	Treatment and Amount Submitted:
Has insurance company received claim? YES If yes, who was paid? Subscriber or provider? Has check been cashed?: Date and check number: If insurance company has received claim, but has not yet paid, why not? What do we need to do to get claim processed and paid? Additional information needed? X-ray films? Perio Charting? Narrative? Who is sending this info and when?	Has Insurance Company Received Claim? NO If no, does claim need to be resubmitted? Fax (verify number) Paper (verify mailing address) Electronically (verify payer ID) Who will resubmit claim and when?
Additional Notes:	Additional Notes:

IS THIS A GOOD TIME?

For many years, I wasn't a great manager, but it wasn't on purpose.

Owning a practice is stressful. There are always so many things to take care of: patients, team members, payroll, taxes, billing, request offs, training, loans, banking, continuing education for the team, inventory, replying to email, contacting software support, marketing, budgets, reports, etc. The list really does go on and on. I often felt overwhelmed. It never helped that the rest of the team didn't know all that had to be taken care of, so they would often walk right into my office WHILE asking a question. There was often no knock on the door or even an acknowledgment that I might be in the middle of something. The team member would launch into a problem and expect me to address it and fix it right then. Because my thoughts were often in the middle of ten other issues, I would often get upset with the blatant interruption. For years, this manifested itself into me getting short with my responses to my team. That wasn't cool of me. But it also wasn't cool of them to approach me like that.

There's a better way to communicate, my friends!

One day, I decided that I needed to have a meeting with my team and address the constant interruptions. I asked them to knock on my door, wait for a response, and then ask, "Is this a good time?" before launching into their question. I told them that I genuinely wanted to give them good, well thought out, and patient responses, but that sometimes it really isn't a good time for me to be interrupted. Not only did I ask them to do it, but I promised that my husband and I would reciprocate and respect their work and time as well. That was only fair.

We all also agreed that if it WASN'T a good time to talk, then the other party had to respect that and try again later or schedule for a later meeting.

Since we started implementing, "Is this a good time?" I have much less stress. I don't feel pressure to respond to everyone immediately. I can finish what I'm doing so I can give my full attention to their need when it's a mutually beneficial time.

I am a better manager when I'm not feeling overwhelmed, and I want to be a good manager to my team. That's really important to me. I wish I would have discovered this communication gem a long time ago.

IS THIS A GOOD TIME?
ASSIGNMENT

GOAL: To understand the concept of, “Is This a Good Time?”
LOGISTICS: Answer the following questions and take the following advice.

Have you ever felt overwhelmed at work and stressed out because of constant interruptions? How have you handled that in the past?
Is this communication issue a problem in your office?
Be cognizant of how busy someone is before you interrupt them. Even though he/she may not look busy, it’s possible that person is currently working on solving a problem.
Practice the, “Is this a good time?” communication skill at the office.

Date of completion:
Reviewed with doctor/manager:
Initial after satisfactory completion: