

## The importance of our Today's Dental Insurance Breakdown Form

**H**as anyone figured out why almost every practice management guru who is a dentist does not have a dental office? They love dentistry so much that they do not want to do it. These are the same biting wit folks trying to make you feel bad, dirty, and cheap if you take dental insurance.

The next time someone tells you to stop taking dental insurance tell them that if they would ever like to visit planet America, you would love to give them a tour. My patients love their dental insurance. In fact, last year I can think of 2.4 million reasons to take dental insurance, but who's counting!

Your patients' first impression will be from your front office staff. It is so important to handle that first impression properly, professionally and thoroughly so the patient is happy from the beginning. At Today's Dental one of the first questions we ask when a new patient calls is "will we be working with your dental insurance?" If the answer is yes then we let the patient know that as part of our service at Today's Dental we will be calling their dental insurance company to verify eligibility and a breakdown of their benefits.

If it's a Saturday, and we cannot verify insurance benefits, we tell the patient they will need to pay in full that day. After verifying benefits the following Monday, we will send the claim to the insurance company and either credit back the insurance portion to the patient or have the insurance check sent to them.

I'm sure this sounds like something that every office would do for their patients, however we go the extra mile to ask numerous questions of the insurance company to make sure down the road we will not have an unhappy patient. Below are key points from the Insurance Breakdown Form:

- **Is there a waiting period for Basic or Major Work?** If the answer to either of these questions is yes, the Insurance Coordinator highlights this line to alert the Treatment Assistants and Front Office. This is one that will cause major headaches and angry patients when the EOB comes back denied and the patient now owes in full for the endo/build up/crown.
- **Has the Deductible been met for this year at another office and have benefits been used at another office this year?** 90% of the time if you ask the patient these questions they will either not remember or their answer is inaccurate. The insurance company has this information in their system and you will avoid any problems down the road if they are close to meeting their

max for the year and your estimated patient portion will be accurate due to the correct deductible information.

- **Is the patient eligible for an FMX?** If the answer is no, our Insurance Coordinator highlights this to alert the Treatment Assistants. She then calls the patient to see if we can have the FMX transferred from the previous dentist. This way the patient isn't surprised or unaware of this when they come in for their first visit.
- **Are build-ups covered?** Many insurance companies do not cover build-ups and if you find out this information after insurance pays the patient is always upset they were not told this when they signed the treatment plan.

The final important step to take after you have the Insurance Breakdown Form filled out is to transfer that information correctly into your software. Each patient has an account that holds all of this pertinent information and getting this information into the software **correctly** is critical to accurately estimating the patient portion on a treatment plan. We use SoftDent and Trophy.

This Insurance Breakdown Form does take additional man-hours to call the insurance companies for every new patient and once a year for existing patients. But, in the end it will be worth it because you will not have angry patients calling your office daily regarding a statement they were not planning on receiving or planning on paying. Also, it will decrease the amount of statements sent to patients each month because your estimated patient portion will be more accurate and therefore the patient will not owe money after insurance pays.

There will always be a few problems now and then due to every insurance company having multiple plans with different rules for each plan but the amount of unhappy patients will decrease dramatically and this form will make day to day life extremely easier when dealing with insurance companies and your patients.

For your convenience, I have included our form on pg. 6.



On a sad note, Walter Hailey, founder of Dental Boot Kamp, in Irvine, TX, passed away at his home in Hunt, Texas on Tuesday, July 22, after several months of declining health. Walter was a great speaker and motivator who will be sorely missed. Walter leaves a legacy of making a difference in the lives of the millions of people he touched throughout his life. Condolences may be sent via email: [ask@dentalbootkamp.com](mailto:ask@dentalbootkamp.com) or faxed to 214-260-0149.

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# INSURANCE BREAKDOWN FORM

Subscriber Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Relation to Subscriber \_\_\_\_\_ Appt Date \_\_\_\_\_

Ins. Co. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Group # \_\_\_\_\_ Spoke to \_\_\_\_\_ Date \_\_\_\_\_

Effective \_\_\_\_\_ Who Is Covered \_\_\_\_\_ **Calendar** or **Benefit** Year \_\_\_\_\_ to \_\_\_\_\_

Deductible: Indiv. \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ Yearly Max \$ \_\_\_\_\_ Ded on Prev? YES NO Elec. Payor ID# \_\_\_\_\_

Preventive covered at \_\_\_\_\_% Basic covered at \_\_\_\_\_% Major covered at \_\_\_\_\_%

Includes \_\_\_\_\_ Includes \_\_\_\_\_ Includes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a waiting period for: Basic work? YES NO satisfied \_\_\_\_\_ Major work? YES NO satisfied \_\_\_\_\_

FMX every \_\_\_\_\_ yrs Is patient eligible now? YES NO Pts. last FMX or Pano \_\_\_\_\_ Pano addition to FMX? YES NO

Prophy \_\_\_\_\_ in \_\_\_\_\_ Exams \_\_\_\_\_ in \_\_\_\_\_ Bitewings \_\_\_\_\_ in \_\_\_\_\_ Limitations \_\_\_\_\_

Does the patient have any history of RPC (4341)? YES NO When \_\_\_\_\_ Frequency \_\_\_\_\_ in \_\_\_\_\_

Is 4910 (perio prophy) covered? YES NO Frequency \_\_\_\_\_ in \_\_\_\_\_ Limitations \_\_\_\_\_

Is there sealant coverage (1351)? YES NO A \_\_\_\_\_% Limitations \_\_\_\_\_

Are posterior composites covered (2385)? YES NO Limitations \_\_\_\_\_

Are onlays covered (2642)? YES NO At \_\_\_\_\_% Limitations \_\_\_\_\_

Are inlays covered (2610)? YES NO At \_\_\_\_\_% Limitations \_\_\_\_\_

Are build-ups covered (2950)? YES NO At \_\_\_\_\_% Limitations \_\_\_\_\_

Are crowns paid at? PREP SEAT EITHER

Replacement clause: crowns and bridges \_\_\_\_\_ yrs. partials and dentures \_\_\_\_\_ yrs.

Orthodontic coverage? YES NO At \_\_\_\_\_% Separate ded \$ \_\_\_\_\_ Lifetime Max \$ \_\_\_\_\_ Age limit \_\_\_\_\_ yrs.

Are nightguards covered (9940)? YES NO At \_\_\_\_\_% Limitations \_\_\_\_\_

Are prior extractions covered (missing tooth clause)? YES NO Limitations \_\_\_\_\_

Benefits used for **2003** \$ \_\_\_\_\_ Has the individual deductible been met? YES NO Family deductible? YES NO

