Has 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 or faxed to 214-260-0149.
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_____


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_____

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