7 Checkpoints to Successful Dental Collections in

Visit our website

Visit our website

7 Checkpoints to Successful Dental Collections

Why are Dentists struggling getting paid for the amazing service they provide? Patients are refusing to pay their balances and insurance companies are creating plans and clauses that are bullet proof. With the changing Dental Industry, we see that patient and insurance collections require expertise. However, at the same time, what we find is that if the practice has systems in place that create a sound setup for dental billing it allows for cash flow to come in. Many practices, unintentionally, create obstacles for getting paid. Let's explore this further. I will go through each checkpoint in the dental billing system and show you how it impacts the end result…getting your money.

1. **Getting insurance and patient information** from the patient that walks through the door and verifying what you have in the system EVERY time the patient comes in. You are probably thinking "seriously is she really talking about this? Of course we get this information". Wrong, the best offices drop the ball here and waste time and productivity based on this step. Have you noticed that when you go to a hospital or a medical office, first thing they ask you are your demographics and most often you need to sign off on it after you review that what they have is correct. The day is here that Dental Industry MUST follow the same system. If you do not get patient information correct all your claims will be rejected, you will need to contact the patient again and setup their account, resubmit the claim, and the worse part about it you may not find out about this problem for weeks when you notice the claim was not paid. Furthermore, if you need benefits verification and you do not have the correct information, again, this now will waste time and can affect your treatment planning and financial agreement.
2. **Benefits Verification** is crucial for patient insurance account setup, fee schedule, treatment plan estimation, and presenting treatment options based on plan clauses, frequencies, and exclusions. What we see is that offices verify benefits but do not apply their findings to the treatment plan estimation, or they do not setup the account correctly, or they do not verify at all. Today's patient depends on their insurance benefit and considers it during their buying decision. We can no longer avoid the insurance question…"How much will insurance pay?". Every office should have a system in place and be proficient in reading the verification, setting up the accounts, and applying the knowledge to the treatment plan

estimation. If you cannot tell a patient what they will need to pay for the procedure, what do you expect to collect at time of service? What happens is that you provide the service, sent claim to the insurance company wait for the check for 6-8 weeks, then bill the patient giving them another month to pay you. So not only did you wait at least a month for the insurance portion you wait at least 2 months to get paid for the whole procedure.

3. **Setting up the Patient Accounts and Insurance Plans** It is crucial that this information is accurately setup in your system specifically prior to treatment planning. Many times it is not ready and treatment plans are generated without the insurance information which wastes time as you need to go back and re-estimate the plan. Also again the claims will be rejected, denied, or delayed. Patients get upset when the estimations are incorrect.
4. **Treatment Plan Estimation** based on the benefits verification information. Once you setup the account correctly most dental practice management software's will estimate the treatment plans. However, the trick is that there are so many new plan clauses that the computer is not setup for input of this information. Therefore, we must reference manually the benefits verification sheet for many procedures regarding frequencies, exclusions, downgrades etc. In addition, many offices do not update the insurance fee schedules annually so their starting point is off during their estimation. For example if last year insurance fee was $800 for a crown with 50% coverage that means patient pays $400. If this year the coverage went up to $880 and insurance pays 50% the patient is responsible for $440. If you only collected $400 from them now they have a bill for $40 they did not expect and they are mad.
5. **Preparing Financial Agreements** Just because you gave a patient the treatment plan estimation DOES NOT mean the patient knows what to pay and when. Or they might know but there is not a CLEAR commitment what to pay and when…so as a result they can avoid paying when you want them to pay which is at time of service. The most common excuse is…"Oh, I did not know that I needed to pay this today!" They are right. Unless you give them a Financial Agreement, which is signed by the patient that outlines your service and your compensation contract, money owed to you has less of a chance ending up in your bank account. You get frustrated why the team is not collecting and it is because steps 1, 2, 3, and/or 4 were not executed. You see, each checkpoint in the dental billing system depends on the previous step. Each step has to be detailed, takes time, and required CLEAR communication with the patient. The written disclaimer must tell the patient that this is estimate only and that a fee will be collected to proceed with treatment on the day of service. It should also be signed and have a form of payment to be used next time to cover the balance. See our website under FILES and FORMS for the financial agreement we use.
6. **Provide clinical data to support medical necessity for claim submission.** When you are ready to send claims, the insurance company prays that you will forget the supporting documentation of medical necessity. This will allow the insurance company to invest your money elsewhere than paying you and make money on your money. Your office MUST think like an attorney. What proof do I have that this treatment is necessary? You would not believe how many claims cannot be fought with the insurance company because there was no pre-operative x-rays prior to crowns, no perio charting prior to quads, no intra oral picture of vertical fractures prior to crowns, no pulpal testing prior to root canal etc. You have to have the proof or insurances will find a way to deny the claim. By the way, you need the same supporting documentation for pre-authorizations. Many offices do not submit them and they get denials or delays.
7. **Collection at time of service** if you did all 6 previous steps you better collect what you agreed upon on the date of service BEFORE the Doctor precedes with treatment, no exceptions! You tell the patient this is a portion that we collect to proceed with treatment. We wait 1 month for the insurance to pay their portion. At that time the insurance company will decide what you will owe. If there is a balance due, we will settle the balance after the claims resolves…or you may get a refund. SO many offices have excellent financial agreements with their patients but they do not hold up to their responsibility of collecting at time of service. ASK for the money! When the team does not ask for the money, I consider that theft. They allowed someone to walk out of a store with a loaf of bread, and that is stealing, period!

As a result, if you do steps1-7 you will

- decrease your billing statements
- increase your cash flow
- expedite dental claims payments
- decrease irate patients and confusion
- improve productivity
- save time
- improve your expertise

If you like our philosophy, we offer onsite and online training for front office and dental billing. Please visit our website at www.dentalclaimscleanup.com and more information on our services:

1. dental billing
2. medical billing
3. training
4. hygiene reactivation program
5. phone support
6. benefits verification
7. e-claims service

Dr. Dorothy Kassab
President
Dental Claims Cleanup
3649 Erie Blvd East, Unit 10
Dewitt, NY 13214
(800) 652-3431
contact@dentalclaimscleanup.com
www.dentalclaimscleanup.com