

GENERAL DENTIST

Accounts Manager Manual

Note: The following policies and procedures comprise general information and guidelines only. The purpose of these policies is to assist you in performing your job. The policies and procedures may or may not conform with Federal, State and Local laws, rules and regulations and are not offered here as a substitute for proper legal, accounting or other professional advice for specific situations.

Prior to implementing any of these suggestions, policies or procedures, you should seek professional counsel with your attorney, accountant and/or the appropriate governing or licensing board or any other applicable government body for a full understanding of all appropriate laws, rules, procedures or practices pertaining to your healthcare discipline or business activities.

TRAINING MANUAL INFORMATION

READ FIRST

The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

Our reasons for giving you this training manual are threefold:

1. To provide written policies and procedures relating to your job functions.
2. To ensure you have a resource for correcting or adding to the written exam questions (since we only accept 100%)
3. To provide you with a future reference. We do not expect you to memorize all of the policies relating to your job. But, we do expect you to refer back to the appropriate written material and review it on your own as well as with your supervisor.

When you have finished reading the policies in this manual, please see your supervisor for the written exam. When you have finished the exam, you will refer back to the appropriate policy in an open book style to change or add to your answers until your supervisor is satisfied every question and each “active procedure” has been successfully executed without error.

Ultimately, we expect that your complete review of this manual will help you understand and use the general policies and communication vehicles of our office.

HOW TO EDIT YOUR MANUALS

PRACTICE MANAGEMENT SOFTWARE (PMS) NOTE

This manual references Dentrix for software-based instructions due to its widespread use in dentistry. Dentrix is used as a workflow reference only.

If your practice uses a different PMS (including Eaglesoft, Open Dental, Curve, SoftDent,

Dentrix Ascend, or other common systems), software-specific instructions may be updated at no charge without altering the policies, procedures, or intent of this manual.

As you might imagine, creating these manuals was quite an undertaking. We knew that no single manual would apply to every practice, since each doctor has a unique personality and management style. Over the years, we updated the manuals with both ideas from our clients and emerging techniques.

The resulting contents provide detailed policies and procedures that will significantly reduce your administrative efforts. You may choose to leave the contents in the original form or to adapt the contents to meet your specific style.

Once you have reviewed the manuals and personalized the contents, you will have a solution for competently dealing with the majority of employee-related concerns in your dental office. You'll also have written documentation to consistently support each situation, which will alleviate you from continually rendering opinions.

We recommend you (or your designee) print the manuals and place them in a notebook binder. Then, review each policy and make edits as needed. For example, you may want the phone answered differently than the wording in our script or you may not want to include "Paid Holidays." In these instances, simply draw a line through the corresponding contents (use red or blue ink so it's easy to see) and then draw an arrow to the new text that you want included. If there is a policy that does not apply to your practice, simply draw an X through the whole policy and write "delete" in bold letters across the appropriate section.

When the editing is complete, input the changes into the original Microsoft Word file and save. You can then print as many copies as you need and make changes in the future as necessary.

In addition to the detailed information in our manuals, we suggest you retain other relevant handbooks and references that are essential to managing your practice (e.g., equipment manuals, software guides, etc.) All manuals and guides should be stored together in an easily accessible area of your office for quick reference.

TABLE OF CONTENTS

JOB RESPONSIBILITY

6

DAILY CHECKLIST

7

COLLECTION SHEET

9

ACCOUNTS AND PRIORITIZING YOUR TIME

10

PROFESSIONAL CODE OF CONDUCT

11

DEDUCTIBLES

13

HOW TO CALCULATE INSURANCE BENEFITS

14

PREVENTATIVE, BASIC & MAJOR TREATMENTS

15

REVIEW

16

INSURANCE CALCULATIONS

18

INSURANCE CALCULATIONS ANSWERS

19

VERIFYING BENEFITS

20

INSURANCE CLAIM NARRATIVES

22

INSURANCE CLAIM REVIEW FORM

23

INSURANCE COMPANY INFORMATION

24

FINANCE COMPANY INFORMATION

26

ENTERING INSURANCE INFORMATION IN COMPUTER

28

PAYMENT OPTIONS

29

ESTABLISHING FINANCIAL POLICY

30

SUBMITTING INSURANCE CLAIMS

31

DOUBLE COVERAGE INSURANCE	
32	
SUBMITTING INSURANCE CLAIMS WITH ADDITIONAL INFORMATION	
33	
REVIEW	
35	
PRE-TREATMENT ESTIMATES	
36	
POSTING PAYMENTS	
37	
RETURNED CHECKS	
39	
DESK COLLECTIONS	
40	
NOTATIONS ON THE AGING ANALYSIS REPORT	
42	
GOING THROUGH THE AGING ANALYSIS	
43	
PATIENT ACCOUNT FOLDERS	
44	
PRINTING STATEMENTS	
45	
ACCOUNTS LETTERS & PATIENT CALLS	
46	
SAMPLE STATEMENTS	
48	
STATEMENT PRINTOUT	
50	
SAMPLE IN-HOUSE AUDIT LETTER	
51	
SAMPLE PAST DUE LETTER	
52	
SAMPLE LAST NOTICE LETTER	
55	
SAMPLE PERSONAL LETTERS	
56	
UNEXPECTED PATIENT BALANCES	
58	
PREPAYMENT FOR 3 HOUR APPOINTMENT SLOTS	

60	
	FINANCIAL ARRANGEMENTS
61	
	BANK DEPOSITS
62	
	PETTY CASH – CASH FOR CHANGE
63	
	POSTING STAFF DENTAL TREATMENT
64	
	PRINTING PRESCRIPTIONS
65	
	CALLING IN PRESCRIPTIONS
66	
	OFFICE SUPPLY PURCHASING
67	
	DAY SHEET
68	
	UNSUBMITTED INSURANCE REPORT
69	
	UNSUBMITTED INSURANCE REPORT SAMPLE
70	
	REVIEW
71	
	FINAL EXAM
73	
	ATTEST
76	
	APPRENTICESHIP CHECKLIST
77	

JOB RESPONSIBILITY

The responsibility of the accounts manager is to ensure that all the money owed to our practice, whether by insurance company or patient, is collected in a timely manner.

The best way to eliminate a high accounts receivable is to collect the money before it is overdue. The person holding this position will work in coordination with other employees, who are intimately involved with collections, such as the treatment coordinator and scheduling coordinator.

DAILY CHECKLIST

1. Participate in the morning huddle.
2. Answer phones (as back up for receptionist) – second in line.
3. Liaise with treatment coordinator and scheduling coordinator as needed.
4. Calculate and enter collections stat for the day.
5. Forward all new patient call-in forms to scheduling coordinator for scheduling.
6. Research the accounts for the next day and determine the amount to be collected for each appointment (the collection sheet). Verify appointment cards for accuracy (fees and courtesies, etc.)
7. Check patients out, post treatment, collect money and post payments.
8. Post mail payments.
9. Post-insurance payments.
10. Submit insurance claims.
11. Send ECS as needed (usually two times a week) and print reports.
12. Follow-up on outstanding and rejected insurance. Re-submit any claims needed.
13. Work on accounts aging. Make the necessary patient contact calls, account letters, account contact notes, and any legal action needed.
14. File paperwork (account folders, EOBs, etc., can be done by anyone with free time).
15. Total collections for the day (from daily register).
16. Enter these figures in stats – print new graphs each Thursday for the Friday meeting.
17. Print statements every month, on the first of the month.
18. Print the day-sheet at the beginning of the day and reconcile.
19. Finalize the deposit slip (date, write in cash, stamp, and total).
20. Print the credit card “Audit List Report,” compare and attach slips.
21. Shut down workstation.
22. Tell Dr. [name] what an incredibly awesome person he is.

23. Tell all staff what incredibly awesome individuals they are. Look in the mirror and do the same.

COLLECTION SHEET

Each night, before you leave, go through the accounts of the following day's patients. Pull up each patient's account on the computer to check his or her balance, determine why there is a balance, and establish what amount is insurance pending. Check the contact notes in the computer to find out how the patient plans to pay and what amount.

Thoroughly familiarize yourself with each account so there are no surprises and the full and correct amount can be collected when the patient is in the office. Have this information ready for the office huddle the next morning. Then, if it is necessary for you to talk to the patient regarding his account, you can alert the rest of the staff so they are aware of this need before treatment begins. You can also include any other important notes such as needs "onlay #3," overdue cleaning, due for pan, etc.

Announce the amount of the expected collections from patients on the books for that day (at the huddle). Record on the schedule the balance owed, if it is insurance, and how much is to be collected on the day of treatment under each person's name.

The "Collection Sheet" is simply a sheet of paper with the above information written on it for each workday. It will have:

1. Patient's name
2. Amount owed
3. If the patient is to pay or not
4. If the patient is overdue
5. Any relevant insurance information
6. Notes about forms that need to be signed, etc.
7. Additional treatment that can be performed that day

ACCOUNTS AND PRIORITIZING YOUR TIME

As the accounts manager, your main statistic is Total Office Collections. This means that the dollar amount of collections is your responsibility. As far as collections go, the buck stops with you (pun intended).

You will find that you have a million and one things to do all at once. And what's more, all of them are important! You need to prioritize your time, so you are spending your time on what's going to get you the biggest return. This doesn't mean you ignore patient accounts with small balances. But if you need to get collections up, use common sense and pursue the accounts with high balances.

At the beginning of each month, you will need to print out the total A/R report and prioritize the accounts you'll be calling on according to amount owed and overdue status. Whenever the collection statistic is down, take a good look at where you are spending most of your time. If you are spending a lot of time trying to track down a patient who owes us \$57.50, put that down and start working the accounts with higher balances. Once you have received an adequate amount of collections, you will be able to work the smaller accounts.

PROFESSIONAL CODE OF CONDUCT

The accounts manager is a professional and needs to act in accordance with the guidelines established for this office. You must, at all times, remain level headed, polite and positive in all patient dealings, whether the patient is right or wrong. If the patient is wrong, you can correct him/her and work it out in a polite, professional way. It is not necessary to be rude, uncaring, angry, etc. This approach only upsets the patient and makes it more difficult to get any situation resolved. In addition, not only does it reflect on your own professionalism, but on the office as a whole.

You will sometimes come in contact with patients who are upset about their accounts. Usually, these situations can be handled by:

1. Setting up a time to really sit, listen and talk to the patient regarding his/her situation.
2. Having all the facts (account data, chart, insurance information, etc.).
3. Being willing to explain the problem to the patient. These steps, coupled with a caring, professional and helpful attitude are a sure fire way to get any "problem account" handled.
4. Never argue or tell the patient they are wrong, even if they ARE. It will only make matters worse. If anything, tell the patient, "I can certainly

understand why you're upset Mr. Jones, I would be upset too if that happened to me! If you're willing to work with me, I think we can sort this out, does that sound agreeable to you?"

As a professional working to achieve a purpose (money collected), there are specific ways to get rapid payment. The main idea is for patients to pay their part at the time service is rendered. Just assume the patient is going to pay, because that is the office policy.

If given a choice, the patient will always choose to pay "later," which results in large open accounts, bills unpaid and eventually, no jobs! Put yourself in control by letting the patient "choose" only whether he is going to pay by cash, check or credit card. Do not let the patient choose whether he will pay now or next year. This results in rapid, easy collection of money, a happy doctor, expanding practice and well-bonused staff!

There is no other way. The work is done. The patient should pay.

DEDUCTIBLES

Almost all benefit plans have a deductible. A deductible is a pre-agreed amount that has to be met each year before the insurance company will start paying its percentage.

All patients must pay 100% of their office visits until their deductibles have been met.

When a patient comes up front to check out and the deductible has not been met, you need to collect the full amount of the visit. Continue to do this until the deductible is met.

It is important that you explain deductibles to the patient. Say something to the effect of, "Hi, Mr. Jones! How did everything go back there? Fine? Well that's great! Today, your charge will be \$40.00. You have a \$200.00 deductible that hasn't been met yet, so the entire amount is your part. Will you be paying for that with credit card, cash or check?"

HOW TO CALCULATE INSURANCE BENEFITS

Almost all insurance companies work on a percentage basis (this is why we can only estimate their payments). The percentage paid is based on the insurance plan of a particular group or individual and varies widely. All insurance must be verified prior to the patient arriving in our office.

There is almost always a deductible that a patient has to meet before the insurance percentage kicks in. The deductible varies widely from plan to plan.

To calculate the insurance benefit take the estimated insurance allowance and multiply it by the percent the insurance company will pay. The total gives you the estimated insurance benefit.

(Estimated Allowance) x (percentage pd. by insurance co.) = insurance benefit.

EXAMPLE: \$60.00 filling X 80% = \$48.00 paid by the insurance company.

If the deductible hasn't been met, you must subtract the deductible FIRST. Then multiply it by the percentage.

EXAMPLE:

\$385.00 Crown

-\$50.00 Deductible

=\$335.00 left multiplied by 50% (% paid by ins. co.)

=\$167.50 paid by insurance.

=\$217.50 Patient Portion (\$167.50 + \$50.00)

Almost all insurance is calculated in this manner. The patient part for the treatment is collected at the time of service, unless otherwise arranged by the accounts manager.

PREVENTATIVE, BASIC & MAJOR TREATMENTS

Dental treatments are classified into three categories; preventative, basic and major. The following is a general breakdown of these treatments, as agreed upon by most insurance companies. However, every insurance plan is different, so this is just a general overview.

Preventative: Cleanings, exams, x-rays and fluoride are considered preventative.

Basic:

Fillings, root canals, extractions, periodontal and surgery are considered basic.

Major:

Crowns, bridges, partials and dentures are major.

Some insurance companies (very few) consider root canals and periodontal procedures major. Some insurance companies consider x-rays as basic. Perio coverage is sometimes classified under major oral surgery and may cover simple extractions ONLY. Ask specifically if the insurance covers the removal of IMPACTEDS. Impacted wisdom teeth may not be covered or may be required to go through the medical insurance first. To be certain, you must check each individual policy very carefully.

REVIEW

Do NOT write on this page. Make a copy of this page and write your answers on it. You may refer back to the procedure as often as needed to answer the questions. Turn your answers in to the office manager upon completion. Get a qualified employee to sign off on any procedure drills or role-playing.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer 100% correct and knowing you can perform each procedure correctly and with confidence. Use the back of this page for your answers if needed.

1. Memorize the first paragraph of the accounts manager “Job Responsibility” policy. Have a qualified employee confirm you know it word for word.

Signed:

2. Make a copy of the accounts manager Daily Checklist. Decide when you will have each point understood and completely under your effective control. Write it down on a memo and give a copy to the office manager for confirmation on that day. The office manager will observe your competent understanding of each point on that day. Repeat as necessary, until you really have it down.

Signed:

3. Fill out the Collection Sheet three days in a row without error.

Signed:

4. Role-play handling an upset patient until you can do so with ease.

Signed:

5. What determines how long a patient (with insurance coverage) has to pay 100% of their dental fee?
6. What treatments are considered preventative, basic and major?

INSURANCE CALCULATIONS

CORRECTLY CALCULATE THESE PROBLEMS

1. A patient just had \$65.00 in "basic" services. Her \$100.00 deductible hasn't yet been met. How much does she owe this visit?

ANSWER _____

2. A patient needs a crown for \$350.00. His \$100.00 deductible has been met. His insurance covers major work at 50%. How much is the patient's portion?

- 3.
- 4.
- 5.
- 6.

ANSWER _____

3. A patient received \$85.00 in "major" services. He has met \$25.00 of his \$50.00 deductible, and his insurance company pays 50% of major work. What is the patient's portion?

- 4.

ANSWER _____

4. A patient just had a filling that cost \$65.00. His deductible has been met and the insurance company will pay 80% of "basic" dentistry. What is the patient's portion?

5.

6.

ANSWER _____

5. A patient just had a cleaning (\$30.00) and an exam (\$12.00). His deductible has been met. The insurance company pays 100% for preventative work. What is the patient's portion?

ANSWER _____

6. A patient has just received \$120.00 in "basic" services. He has a deductible of \$25.00 that hasn't been met. After the deductible is met, the insurance company will pay 80% of basic services. What is the patient's portion?

7.

ANSWER _____

INSURANCE CALCULATIONS ANSWERS

1. \$65.00
2. \$175.00
3. \$55.00
4. \$13.00
5. \$0
6. \$44.00

VERIFYING BENEFITS

When a new patient calls in and has insurance, the scheduling coordinator will fill out the "New Patient Call-In Form." She will put the form in your communication box, so you can call the insurance company to verify that the patient is covered and the plan benefits. This is done immediately, because it is important to have the insurance information prior to the patient's arrival at the office.

If the patient is not sure of his insurance company or the phone number, they will need to get the information and call back with it or, at the very least, bring it to the office at the first appointment. If the patient does not know their insurance information and can provide no information, they will be fully responsible for the total charges incurred and should be told this prior to being seated. We can give them an “attending dentist’s statement,” which they can submit to the insurance company themselves. (If we know the employer name and subscriber social security number, we can check to see if we have the plan in our system and call to verify coverage. If not, it is the patient’s responsibility to provide the needed information.)

When you call the insurance company, you will need to get the answers to all the questions on the **INSURANCE COMPANY INFORMATION Form**. Just go down the form, ask for the information, and fill in the answers.

Once you have verified coverage, give the **NP Call-In Form** back to the receptionist, or file it in the drawer that contains all **New Patient Slips** for patients yet to come in. Ensure the **INSURANCE COMPANY INFORMATION form** is attached.

Occasionally, the patient will want to bring their insurance information in with them on the day of their appointment, rather than give the information over the phone. The day before, go through the **New Patient Slips** to check which patients will be bringing in this information.

1. **Insurance - prior to patient's arrival:**
2. **Verify and complete insurance information form by calling insurance company.**
3. **Add insurance information into computer.**
4. **File New Patient Slips and Insurance Information Form in file at front desk.**
5. **The day before a patient arrives, while checking the schedule, make sure all information is complete. If not complete, try to obtain the remaining information.**
6. **If the patient is to bring the information, you need to make a notation on the schedule to get the information from the patient when they arrive for their appointment. When they arrive, get the information, insurance card, etc. and verify coverage as soon as possible so you have benefit details before the patient is seated.**
7. **Discuss any important information at the morning huddle (balance due/contracts that need to be signed, etc.)**

INSURANCE CLAIM NARRATIVES

Insert a sample of your insurance claim narratives here.

INSURANCE CLAIM REVIEW FORM

Insert a sample of your insurance claim review form here.

INSURANCE COMPANY INFORMATION

We DO NOT PARTICIPATE with any managed care or welfare type plans. Some of these plans are the following:

- Dental Plus
- Concordia Plus (Managed Care through Blue Shield)
- Medplus
- Best
- Gateway

In all of these cases, the patient has actually picked a dentist from a list and can only go to that particular dentist. If they go to any other dentist, they have absolutely no benefits.

Blue Shield has a number of different plans under different names, such as:

(Insert local plan names here)

In these cases, patients can still come here; however, they must pay in full at the time of service. We will complete all insurance submissions for the patient. Whatever the insurance company pays will be sent directly to the patient.

The only plan we participate in is _____. The patient still may have portions for which they are responsible, such as deductibles, co-payments (different types of treatment covered at different levels 0-90%) and non-covered services.

All other PPO and regular indemnity insurance patients are welcome here. These patients are responsible for whatever charges their insurance does not cover. The estimated patient amounts (deductibles, co-insurance and non-covered services) are due at the time of service.

If a patient is unsure about their coverage, ask them if they are allowed to go to the dentist of their choice.

If a new or existing patient comes in and states they have insurance, but has no information regarding it or you are unable to verify it, they must pay at the time of service. Once the information is provided, we can send a claim for them or we can print an attending dentist statement that day to give them and they can send it themselves.

FINANCE COMPANY INFORMATION

For patients who do not want to pay by cash, credit card or check, we do have an alternative method for them to finance their treatment plan. Dr. [name] has decided to work with _____ finance company, because they provide simple and easy “interest free” (up to 12 months) financing for our patients. Of course, the patients must qualify for the credit but that is a very easy process to go through. The form itself is self-explanatory, but the following will help guide you through it.

(Fill in the correct company information below)

Patient fills out application (make sure all sections are completed), our cash code # is: 0000-0000-0000

Fax the application to: (800) 000 – 0000

Once approved, fill out the contract (front and back, see sample contract) and have the patient sign it. Mail the branch copy to:

The Best Financial

000 Main St. Suite Z

Anywhere, NY 10900

Phone (800) 222– 8888 OR (800) 555 – 8888

Call this office with approval related questions.

The Patient gets the buyer copy; we keep the merchant copy.

LOCAL BRANCH INFO

FOR SUPPLIES AND PERSONAL SERVICE INFO

Financial

Address:

Phone:

ENTERING INSURANCE INFORMATION IN COMPUTER

Make a copy (or input it yourself) of your software instructions for inputting insurance data here.

SEE _____ USER GUIDE – CHAPTER _____ SETTING UP INSURANCE

******* In the contact field of the insurance plan, record date verified MM DD YY with initials.**

Write specifics on the plan in notes field:

(MISSING TEETH COVERED OR NOT, ETC.)

PAYMENT OPTIONS

1. **Prepay Option:** Offered on treatment over \$500. See courtesy schedule below for the percentages.
2. **12 months same as cash:** Based on approved credit application. 0% interest if paid within 12 months. See finance company info.
3. **Payment at time of service:** If need be, payment can be split over appointments if the treatment takes more than one visit. Only offer if they ask. For a split payment, at least half is due at first appointment.
4. **If an appointment is three or more hours, the procedure must be pre-paid (minimally half down) in advance of the appointment.** Explain that we have had patients “no-show” for these appointments in the past and the dentist and assistants sit around doing nothing for three hours. Any exceptions to this rule must be signed off by Dr. [name].

PREPAY COURTESY SCHEDULE

\$500+

5% courtesy discount

ESTABLISHING FINANCIAL POLICY

Establishing a clear and firm financial policy ensures that we will be paid for our services and that payment will be forthcoming without the type of misunderstandings that can cost us patients and referrals.

People normally have good intentions. They want to keep their commitments and fulfill their obligations. Without clearly defined financial arrangements,

commitments made will often not be kept. In order to maintain an ongoing, positive relationship with our patients, we must assume responsibility for extending credit intelligently, according to what the patient can realistically pay rather than by what the total treatment plan dictates. Extending credit to a patient beyond his/her ability to pay will almost always cause problems between us and will mean eventual loss of the patient and his/her referrals.

A copy of our financial policy will be given to each new patient at the initial appointment. Our goal is to serve the patient's individual needs to the best of our ability, enabling him/her to have the dental care wanted and required without undue financial stress.

SUBMITTING INSURANCE CLAIMS

The accounts manager sends all claims the day charges are posted, or the first thing the next day if you are waiting on a duplicate x-ray or a narrative.

You should send electronic claims as soon as we have at least 10 claims batched together to be sent or once a week – whichever comes first.

The accounts manager is responsible for re-submitting or calling on all past due insurance claims. This needs to be done on a monthly basis, at a minimum – or whenever you have time during the week to check. You can check this statistic by running the outstanding insurance claim report.

Try to get claims paid as soon as possible. If claims are already 30 days overdue, we want to clear them up right away. Give the insurance company options to assist you in clearing these claims as quickly as possible.

1. Fax the claim to insurance company
2. Have them process the claim over the phone
3. Be creative

See _____ User Guide, Chapter ___, Submitting and Tracking Claims.

DOUBLE COVERAGE INSURANCE

When a patient has double coverage (two insurance companies), the insurance is filed as follows:

1. File insurance with the primary carrier as normal.
2. When the payment from the primary carrier comes in, make a copy of the EOB, attach it to the secondary claim, and then mail it in to the secondary carrier.

NOTE: A patient who has their own coverage plus coverage through their spouse is always primary with their own insurance and secondary with their spouse – regardless of percentages or amounts.

Insurance companies usually use the “Birthday Rule” for a CHILD covered by both parents. This means whichever parent was born first in a calendar year is primary. If the mother’s birthday is February 11th and the father’s birthday is October 14th, the mother is PRIMARY. Check with each insurance company to be sure this is how they determine who is primary.

SUBMITTING INSURANCE CLAIMS WITH ADDITIONAL INFORMATION

Most routine claims can be submitted without any additional information being supplied to the insurance company.

However, there are circumstances where additional information will need to be provided or attached to the claim. All of the information must be supplied to the insurance company when submitting. If not, you will just receive a request for this information days or even weeks later, thereby, delaying the processing of the claim.

Inlays
/onlay
s
(code
s
2610
–

2644)

pre-op x-ray, narrative and intraoral photo
(if
availa
ble)

Crow
ns/po
st &
cores
(2740
—
2954)

pre-op x-ray, if root canal was done also
send
post
op
x-ray.
If
replac
ement
crown
,appro
x.
when
initial
crown
was
place
d.

Comp
lete/p
artial
dentu
res
(5110

-
5214)

full mouth x – ray, if replacement denture,
appro
x.
how
old
initial
dentu
re
was
place
d.

Bridg
es
(6240
–
6750)

full mouth x – ray, if replacement approx.
age of
initial
bridg
e.

Gingi
vitis
(4500)

submit under code 4999 with Perio

narrat
ive,
copy
of full
mout
h
x-ray
and
copy

of
perio
charti
ng.

Perio
TX
TYPE
II –
TYPE
V
(4600
–
4800)

submit under code 4341 for each quadrant

(4
total),
copy
of full
mout
h x –
ray
and
copy
of
perio
charti
ng.

**NOTE: Narratives are saved under _____ on Server _____ Accounts
Manager/Insurance.**

Root canals claims can go electronically (they do not need an x-ray).

**Each insurance plan has its frequency replacement limitations and should be
checked.**

REVIEW

Do NOT write on this page. Make a copy of this page and write your answers on it. You may refer back to the procedure as often as needed to answer the questions. Turn your answers in to the office manager upon completion. Get a qualified employee to sign off on any procedure drills or role-playing.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer 100% correct and knowing you can perform each procedure correctly and with confidence. Use the back of this page for your answers if needed.

1. With a qualified employee observing, verify at least five insurance policies for five different patients.
- 2.
3. Signed:
- 4.
- 5.
- 6.
2. What is the procedure for getting a patient approved through the finance company we use?
3. What are the payment options we offer patients?
4. What do you do if an insurance claim is 30 days over due?
5. What do you do when a patient has double coverage?
6. What additional information might you need to provide to insurance companies for:
 - a. Inlays/onlays?
 - b. Bridges?
 - c. Gingivitis?
 - d. Crowns/post and cores?

PRE-TREATMENT ESTIMATES

Sometimes before initiating major dental work on a patient, we will send in a Pre – Treatment Estimate to the insurance company. Some insurance companies require a PRE-D (Pre-Determination of Benefits) for any services over a certain dollar amount.

A Pre-Treatment Estimate is a form sent to the insurance company requesting an exact dollar amount of coverage for specific treatments. It usually takes two to

four weeks to get the PRE-D back from the insurance company. This is not a “guarantee” that the insurance company will pay the amount indicated, but it certainly does increase your chances of them paying it. There is usually a time limit for which the PRE-D is good, so always get the patient in for treatment as soon as possible after receiving the PRE-D back from the insurance company.

When the PRE-D is received, it will be given to you for immediate calculation of the patient's cost versus the insurance company reimbursement. The accounts manager will forward this information to the scheduling coordinator, so she can immediately call the patient with all of the financial information and schedule the patient.

To get the patient's portion, figure out our office fee for the treatment needed, deduct what the insurance company is going to pay, and this will give you the estimated patient portion.

POSTING PAYMENTS

It is the accounts manager's responsibility to post the payments. The importance of posting payments correctly cannot be over-emphasized. If payments are posted incorrectly, the patients are billed incorrectly. Of course, this just creates more work for you, having to explain what occurred to angry patients, adjusting mistakes, etc. In addition, and more importantly, you will have unhappy patients as well as inaccurate statistics, incorrect deposit reports and an accounts receivable that does not balance, etc.

It is also important that the posting of payments be done as soon as possible. This will eliminate losing or misplacing checks and will keep the account balances current and accurate.

For instance - accounts manager receives an EOB, but puts it in her drawer for posting later on because she got busy doing something else. This EOB states the insurance isn't going to pay for some treatment we've done on a patient. Then, that patient comes in to get further treatment. Since the information hasn't been posted, we can't tell him he owes more money. The patient will leave the office thinking his account is waiting insurance reimbursement, when in fact the insurance has denied his last claim and the balance is owed by him. Not only does this create more work for you, it makes it a lot more difficult to collect on the account. **THE PRIME TIME TO COLLECT MONEY IS WHEN YOU HAVE THE PERSON IN FRONT OF YOU.**

If you are posting an insurance payment, pay close attention to the dates of service. Often times, insurance companies lump several dates of service together. If you do not post the payment to the correct dates of service, the insurance claims will be incorrectly labeled as pending.

Following are the steps to posting payments:

1. All mail and electronic correspondence is opened. The insurance checks/electronic payment details should be read carefully, so the patient's account is brought up on the computer and not the insured person's account. Any checks from patients should have the return address on either the envelope or the check. Match this address to the one in the computer to ensure we have the correct address. In the event that the address is different, verify the new address with the patient and make the change in the computer.
2. Next, you will post the check. SEE _____ SOFTWARE USER GUIDE, CHAPTER ___, POSTING PAYMENTS.

RETURNED CHECKS

When you get a check returned due to non-sufficient funds, call the bank to see if the funds are now available. If so, re-deposit the check. If not, follow the steps below:

1. Post the NSF check and the NSF fee on the patient transaction screen.
2. Contact the patient to inform them that they now owe (amount of check plus NSF fee).
3. Make arrangements to have the patient handle their balance in the form of money order, certified check, CASH or credit card.

DESK COLLECTIONS

Every so often, you will have a patient come up front to pay, only to tell you he forgot his checkbook. When this occurs, handle it in one of two ways:

If the person is an active patient and has a good credit history with us, the conversation should go as follows (let the patient know they can certainly use a credit or debit card first):

Acct Mgr:

"Gosh, I'm sorry you forgot your checkbook, Mr. Jones. How about this; if you promise to send the payment in, I'll go ahead and give you a self-addressed envelope. This will make it a lot easier for you."

Patient:

"That would be great."

Accts Mgr:

"Okay, here you are. Wait a second, you know what? If you really, really promise to send it in, I'll even put a stamp on it. But you've got to promise, because I don't normally give out stamps."

Patient:

"Okay. No problem."

Accts Mgr:

"All right. Here you go. Now, since you've promised to send it in, I'll look for the payment tomorrow or the next day!"

By following this general script, you will get the patient to really commit to sending in the payment. Don't just offer a stamp immediately. Wait, as in the above example. This will let the patient know you are doing something extra for him and he will be less apt to take the gesture lightly and forget to mail in the payment. There will also be no mistaking that he made a promise and a commitment that he must keep.

Be very light and humorous with the patient. Don't make him feel as though you don't believe him. Get across to the patient that you're doing this to make it easier for him.

If the patient is new to the office or if the patient has a history of this sort of behavior, the following steps should be taken:

Suggest to the patient that he/she step into the back office with you where it is more private and his/her screams won't be heard. Just kidding.

When you enter the back office, tell the patient you have found it more appropriate to discuss finances back here, so everyone in the lobby doesn't hear. The patient will appreciate this statement and it will put him/her at ease.

Once the patient has been seated, introduce yourself and explain that our office policy states services must be paid at the time they are rendered. Ask the patient if he/she has a credit/debit card or cash that could be put on his account.

If he/she still has a balance, pull out the Financial Agreement Form. Explain to the patient that it is our office policy to set up a Financial Agreement in writing to avoid any confusion or misunderstanding regarding payments to the office and that is why we need them to read and sign it. Tell him/her that we do this with all of our patients who are on payment plans to avoid any confusion about when the payments are due, etc. This is also very true.

After establishing good communication with the patient, get a firm commitment on when and how the balance will be paid, so he/she pays it off as soon as possible without us putting him/her in any undue financial stress.

Log commitment details on your calendar and in the patient contact notes, clearly indicating the dates the patient has agreed to make his payments. Create a memo to appear on the date the balance is due. If the balance is not paid on the agreed upon date, follow up with the patient.

NOTATIONS ON THE AGING ANALYSIS REPORT

All patient contact, or attempts to contact, verbal or written, must be noted in the patient contact notes and on the aging analysis report. The person making or attempting the contact must include his/her initials in the notation. This step will show that our office has tried to collect the money owed within a reasonable amount of time and in a reasonable manner. If a written contact is returned with no forwarding address, this must be noted in the patient contact notes.

If a letter is being sent, the type of letter must be indicated on the aging analysis. If you are giving the patient a time frame in which they need to respond, you need to include that date.

Also, keep a separate calendar to record when payments are expected. For instance, if you call a patient and he says he will be sending a payment on Jan 8th, record the patient's name and amount expected on the appropriate date. If the patient has not paid by the agreed upon date, you must call the patient the following day to see what happened. If appropriate, send the patient one of our collection letters.

If you call a patient or a patient calls you, the contact needs to be documented in the patient contact notes. The notation must include a brief summary of the conversation. For instance, if you speak with John Doe and he says he will mail in \$50.00 today, write the date, your initials, and the comment, "spoke with patient, sending \$50.00 today." Any special arrangements should be entered in the patient contact notes, as well.

GOING THROUGH THE AGING ANALYSIS

The aging analysis should be reviewed weekly. The purpose is to remain very familiar with the patient accounts. You will know who owes money and their past due status.

By having this information fresh in your mind, you will know what actions to take, if any, on each account. In this way, you will be able to keep current on the accounts, thus preventing accounts from becoming collection problems. Always remember, it is much easier to collect money close to the date of service. The further past due a payment becomes, the more difficult it is to collect.

SEE (your software) _____ USER GUIDE AND REPORTS GUIDE for specifics on reviewing the aging analysis report.

PATIENT ACCOUNT FOLDERS

When a new patient comes in, the receptionist makes an Account Folder. The Account Folders are filed and kept by the accounts manager. The Account Folders will contain the signed billing information forms, along with any EOB's and patient correspondence pertaining to the patient's account.

PRINTING STATEMENTS

Statements are printed every month. They are to be reviewed and mailed by the third working day of each month.

See _____ User Guide and _____ Reports Guide, Chapter on “Billing and Receivables,” for how to print statements.

ACCOUNTS LETTERS & PATIENT CALLS

The sequence of steps used to follow up on past due accounts are as follows:

1. Statement
2. Patient Call
3. 2nd Statement with note or letter
4. Patient Call
5. Past Due Letter
6. Patient Call
7. Last Notice – Demand Payment Letter (If no response after last notice, send memo to the doctor for review)
8. Collections/Legal Action

On the following pages are several samples of the above letters. Follow these guidelines, but if you feel it would be appropriate, write a personal letter.

Allow two weeks between actions. For instance, if you send a statement to a patient, give him two weeks to respond. At that time if he hasn't called or sent a payment, then he should be called.

Whenever you talk or write to a patient, find out all you can about that person from the prior contact note. For instance, if the treatment chart has a notation in it saying the patient just had a baby, start the letter or conversation by saying:

"Hi, Janet! Congratulations on your new baby! That's great! Did you have a boy or a girl?" Then gently go into the reason you are writing or calling.

It is always more effective to start a conversation or letter in this fashion. This way, the patient gets the feeling that he/she is not just a dollar sign to you and that you really do care about him/her. The patient will also be much more apt to pay you than if you just said, "You owe \$100.00. Payment is past due!"

The longer you work here, the more you will get to know the patients and the easier it will be to put a personal touch in your collection techniques.

SAMPLE STATEMENTS

A statement is the first correspondence from our office to a patient who has an account balance. The following are some examples of what could be written on the bottom of a statement or in a personal letter to the patient.

Dear Mrs. Jones,

We just received the final payment from your insurance company for your bridge. They paid a little less than what was estimated, so you now have a small balance of \$37.00. If you have any questions, give me a call. Otherwise, I've enclosed an envelope for easy payment today!

Sincerely,

Dear Mr. Jones,

Thanks for your \$20.00 payment on September 7th! This is just a reminder that your next payment of \$50.00 is due on September 21st.

Our original agreement was for you to pay \$50.00 every two weeks. Let's stick to that as closely as possible and your bill will be paid off in no time!

Sincerely,

Dear Miss Jones,

Hello! How have your travels been? I'll bet it has been fun! Your insurance company has mistakenly sent a \$675.00 insurance payment for your dental work to you instead of to our office. I doubt you've seen it yet, because you've been out of town. When you get home could you please send it in to us? Or better yet, come on in and drop it off. We'd love to hear about your travels! Also, you have a very small balance of \$6.50. You can just enclose that in the same envelope.

Sincerely,

STATEMENT PRINTOUT

Insert a sample of your statement printout here.

SAMPLE IN-HOUSE AUDIT LETTER

Dear _____:

Our records show that you have an outstanding balance of \$_____.

At this time, we are preparing for an in-house audit. I must get this cleared up, or have arrangements made, by _____ (give the patient 10 days).

I can be reached at the number above (or below, depending on where it is on your letterhead).

Very truly yours,

Accounts Manager

SAMPLE PAST DUE LETTER

The following is a sample of the third written correspondence sent to a patient who has a balance. This is a form letter, but as mentioned earlier it is always good to include a short personal note at the bottom. Included after the form letter are several examples of these notes.

[Name]

(ADDRESS)

(CITY, STATE, ZIP)

Dear Mrs. Jones;

Your account with our office is almost 60 days past due. The balance is \$48.00. We've attempted to contact you several times both over the phone and through the mail.

It is imperative that you use every means available to insure that the total amount past due is paid no later than February 5th, 2013. If payment is received by this date, we will not have to turn your account over to a collections agency.

Thank you,

SAMPLE NOTES

Hi Jim,

I've left several messages with your wife regarding your \$20.00 balance. I've not been able to get in touch with you and the balance is still unpaid. Please send your payment right away or call me if you have any questions.

Thanks,

Dear Miss Jones,

I've been trying to reach you for a while now. Your balance is \$49.00 and is quite overdue. When we spoke last month, you were going to come in to pay the balance. What happened?

If I don't receive a payment by August 15th, I'm going to have to turn your account over to collections. If you have any questions, please call so we can get this straightened out.

Sincerely,

Dear Mr. Jones,

When I spoke with you last week, you were going to come in to pay off your \$28.00 balance. If you've already sent your payment in, just disregard this notice. If not, I would really appreciate your prompt attention to this matter. The balance is quite overdue.

Thank you,

Dear Mrs. Jones,

Hi! I've been trying to reach you but I keep getting your recorder. The balance on your account is \$114.00. You called and were going to send in a check two weeks ago. I just wanted to remind you of this in case you had forgotten.

Call me if you have any questions.

Sincerely,

SAMPLE LAST NOTICE LETTER

The following is a sample of the last letter we send before turning an account over to collections. This is a merge letter and there is no need to write a personal note at the bottom.

Dear _____,

This letter concerns your bill in the amount of <\$\$\$>, which is now long past due.

Our monthly statements and telephone calls have evidently been ignored. I must inform you that should this bill not be PAID-IN-FULL within ten (10) days of receipt of this letter, it will be turned over for court action.

Unless you notify our office within ten (10) days of receipt of this letter that you dispute the validity of this debt or any portion thereof, we will assume this debt is valid and will pursue its payment with all legal recourse. This action will affect your personal credit report.

Please understand that if legal action were to be undertaken, it would be costly and time consuming. The loser of such action would be subject to court costs and/or attorney fees, if applicable.

It is not my intention to threaten or alarm you about this matter, but merely to point out the problem of refusing to pay what is a just and legal debt. We are certain you will want to avoid additional legal expenses and protect your credit rating by attending to this matter at once.

Sincerely,

Accounts Manager

SAMPLE PERSONAL LETTERS

As mentioned before, we have a set order of letters and calls made to patients with balances. However, if at any time you feel that a personal letter would be more effective and appropriate, feel free to send one.

The following are examples of instances when personal letters may be more suitable:

Dear Mr. Jones,

I just called your office and the person I spoke with told me you are no longer working there. She also said that you had moved to Alabama last Friday. Is that

true? If so, I don't understand. You told me that you were coming in on Monday to get your teeth cleaned and to pay off your \$70.00 balance. What happened?

If I don't receive the payment or hear from you by _____ (give two weeks), I am going to have to turn your account over to collections.

Sincerely,

Accounts Manager

Dear Miss Jones,

I've been trying to get in touch with you for three weeks now and haven't been able to reach you. Your balance with us is \$400.00. You have signed a financial agreement and agreed to pay \$200.00 three weeks ago and the final payment last week. We haven't received either payment.

You really need to come in to make the payments and to get your permanent crowns placed. You've had the temporary crowns in for almost two months now. That's not good for your mouth and may start causing you problems (if they haven't already).

Please give me a call regarding this matter, so we can place your permanent crowns. I've enclosed an envelope for your convenience.

Sincerely,

Accounts Manager

UNEXPECTED PATIENT BALANCES

An unexpected patient balance could occur when the insurance company paid less than what we estimated, the insurer didn't pay due to a deductible, coverage was canceled, or the insurer won't pay for other reasons, etc.

If this should occur, call or write the patient explaining the matter. Always attempt to collect payment in full. If the patient needs to set up a payment plan, fill out a Financial Arrangement Form and get the patient to sign it. It would be best to have the patient come into the office to do so, but this can be done through the mail if necessary.

If a payment plan is necessary due to an unexpected balance, try to get the patient to put the highest amount possible down. The easiest way to do this is to let the patient know how much they owe and why. Then, ask if he/she is going to pay with credit card, cash, or check (this way you are pursuing payment in full). Then, let the patient talk. If he gives you payment in full, great! If he/she starts telling you he/she can't afford the entire amount, etc., let him/her tell you what he can pay.

Whatever amount the patient tells you he/she can put down, come back with a slightly higher amount. For instance, if the patient balance is \$200.00 and he/she tells you he can put \$50.00 down, say:

"That's great Mr. _____, but is there any way you can put down \$100.00. It would help a lot if you could put half down now. This will make it easier for you to get it paid off sooner!" Always acknowledge what he says he can pay. Such as, "That's great! – I appreciate that! Also, if there is no way he can put the higher amount down, this acknowledgment allows you to back down to the amount he suggested without upsetting him.

For example:

"Well that's great, Mr. _____. But, how about putting down \$100.00? It would help a lot if you could put half down now. This will make it easier for you to get it paid off sooner!"

Patient:

"No way. I don't have \$100.00. There's absolutely no way I can do that. This was a totally unexpected bill. I understand that I owe the money, but there is absolutely no way I can put \$100.00 down."

You:

"That's fine. If there's no way you can put \$100.00 down, you can go ahead and put down the \$50.00 you suggested. I do realize this is an unexpected bill, so I

really do want to work with you on it. Let me just ask you one question. Do you have anyone from whom you could possibly borrow the money?"

Patient: "Well, I guess I could ask my mom."

You:

"Great! Why don't you do that? Give her a call now and I'll call you back in a few minutes to get the form of payment (If the patient is in the office, have him call the person while he's there.)

If the patient says he doesn't have anyone from whom he/she can borrow the money, he doesn't have a credit card, and doesn't have any other means to get the money, accept the \$50.00 down and work out the payments, so that you get the balance paid off as quickly as possible.

When the patient's balance is an unexpected one for him/her, you should be a little more lenient on the patient. This isn't to say that you shouldn't try to collect as much as possible, as soon as possible. But if he/she can't put as much down as you hope, or the payments aren't going to be as high as you would normally insist, let it go, this of course is assuming the patient has a good financial history with us. If he/she doesn't, you need to take that into consideration.

Remember, every situation will be different and needs to be handled accordingly and within the financial parameters of the office. Patients are individuals and should be dealt with as individuals. In doing so, you will be much more successful in collecting money owed.

PREPAYMENT FOR 3 HOUR APPOINTMENT SLOTS

As a means to better control the schedule and prevent last minute cancellations of long appointments, all patients who reserve an appointment of 3 hours or more will be required to prepay a minimum of half of their estimated financial responsibility upfront.

Under certain exceptions, at the accounts manager's discretion, this may be waived for well-known patients who have proven their ability to be responsible in regard to their appointments as long as you have Dr. [name]'s approval.

FINANCIAL ARRANGEMENTS

Our financial policies dictate that payment is due when services are rendered. If the patient has no insurance, the full amount of each visit is due at that time. If the patient has insurance, then his estimated portion is due at that time.

In some (rare) cases, we may decide to work out a financial arrangement with the patient, contrary to our office finance policies. The agreement needs to be approved by the office manager before any services are delivered.

This agreement must be put in writing and signed by the treatment coordinator or whoever the person is that made the arrangement as well as the patient. In other words, if we extend credit to a patient, that patient must sign an agreement covering the terms of the credit.

BANK DEPOSITS

It is the accounts manager's responsibility to see that the deposits are made.

After the last patient has checked out, calculate all checks and cash. This total should match the payments column on the day-sheet. If the total matches the day-sheet, write up a bank deposit slip. All checks should be stamped with the "Dr. [name] FOR DEPOSIT ONLY" stamp, along with the office account number.

If the checks and cash do not balance with the payment column, don't fill out the deposit slip until the mistake is found and corrected.

After a copy of the deposit slip for the bank is made, the checks and the cash are put in a bank envelope along with the deposit slip. The bank envelope is kept in the safe. Take the deposit to the bank every day before it closes.

PETTY CASH – CASH FOR CHANGE

Petty cash and cash for change envelopes are always kept in the safe. The cash in these envelopes are never to be mixed.

Cash for change is to always be at \$100. The cash for change envelope should contain the following: 2 \$10's, 6 \$5's and 50 \$1's at the beginning of each day.

The petty cash envelope also contains \$100. Petty cash is to be used only for office purchases or to reimburse for expenses acquired while doing company business. A receipt and a written explanation of what the money was used for must accompany all withdrawals from petty cash. Actual cash and receipts must equal \$100 at all times.

Only the accounts manager and the office manager will make transactions from petty cash. All other employees needing reimbursement must route the receipt and request to the accounts manager. This will allow the accounts manager to be aware of how much actual cash is left in the fund at all times. When petty cash falls below \$20, the accounts manager will write a memo to the office manager requesting a check to replenish petty cash.

POSTING STAFF DENTAL TREATMENT

It is the accounts manager's responsibility to post all staff dental treatment. Staff members' dental work must never be posted as production, as this would give a false production figure. Any staff dental or hygiene treatment will be posted at a zero charge with the actual value of the service listed in the note field. This will enable us to keep a total of the staff members' dollar benefit as well.

PRINTING PRESCRIPTIONS

If a patient needs a prescription while being seen at the office, it will be documented on the routing slip. The accounts manager will print each Rx on Rx paper and take it to the doctor for a signature. The patient will be given the prescription along with instructions before being dismissed.

To print Rx's in _____: See the _____ Software User Guide

CALLING IN PRESCRIPTIONS

Sometimes a patient will call in need of a prescription. The instructions for handling this as follow.

After it is determined that the patient may need a prescription, get the name and phone number of the drugstore the patient uses. If the patient does not know the phone number, then get the name and location.

Pull the patient's chart, take it to the doctor and explain the situation. The doctor can then dictate to you what Rx is needed.

Call the pharmacy with the prescription. Be sure to have the doctor's DEA number and license number on hand if needed.

Document the prescription given (type of drug, how much dispensed, how to take it, refills, etc.) Indicate the drug store and phone number. Write this information on the Treatment Rendered sheet in the patient's chart and make a contact note in the patient screen of the computer. Also, enter the patient's preferred pharmacy in the note section of the patient screen under the preferred pharmacy field.

When done, call the patient to let them know the prescription has been called in. Tell the patient to call us if they have not seen an improvement in two days or if they have problems taking the medication.

If someone who has never been to our office calls for a prescription, they must come in for an exam before we will prescribe anything. We will never prescribe medication to someone we know nothing about and who has never been in our office.

OFFICE SUPPLY PURCHASING

**The office manager or dentist will need to write the procedure on how you purchase office supplies. **

We recommend you establish a monthly budget and allow the receptionist to maintain all front office supplies by ordering as needed, as long as she does not go OVER THE BUDGET.

A purchase order form should be made out for each order. The amount of the purchase order should be deducted from the monthly budget, so you always know where you stand with the remaining amount in the budget.

All invoices/packing slips are stapled to the PO and routed to the office manager for filing and review before payment of any bills.

DAY SHEET

At the end of the day once all treatment and payments are posted, you can run the day-sheet. All of the money must balance.

CASH/CHECKS

Run an adding machine tape on the deposit. Put the cash first and then add all of the checks for a grand total on the deposit slip. This amount must match the amount listed on the deposit slip page of the day-sheet. Write the total on the deposit slip and attach the adding machine tape to the deposit with a paper clip. Place the deposit slip in the bag.

Once everything is posted and the day-sheet is balanced, place the day-sheet in the daily folder and put it in Dr. [name]'s mailbox.

UNSUBMITTED INSURANCE REPORT

This report should be run on a weekly and monthly basis to ensure all claims have been properly submitted to the appropriate insurance company.

See the _____ Software User Guide and Report Guide on how to run this report.

UNSUBMITTED INSURANCE REPORT SAMPLE

Insert a sample of an unsubmitted insurance report here.

REVIEW

Do NOT write on this page. Make a copy of this page and write your answers on it. You may refer back to the procedure as often as needed to answer the questions. Turn your answers in to the office manager upon completion. Get a qualified employee to sign off on any procedure drills or role-playing.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer 100% correct and knowing you can perform each procedure correctly and with confidence. Use the back of this page for your answers if needed.

1. Have the office manager show you all the steps necessary to properly send a Pre-Determination for a patient.

Signed:

2. Post all payments on a daily basis until you can do so without any errors, as noted by the office manager.

Signed:

3. Go through each step of printing the monthly statements with the office manager and physically do as much of the procedure as possible, under her direction. Make your own personal notes on how to do so for future reference.

Signed:

4. Go through the exact procedure for making the daily deposit slip. Repeat this procedure as necessary until the office manager or doctor is convinced you can do so without error and have him/her sign below.

Signed:

5. Go through the exact procedure for balancing the day-sheet. Repeat this procedure as necessary until the office manager or doctor is convinced you can do so without error and have him/her sign below.

Signed:

6. Go through the exact procedure for printing the un-submitted insurance report. Repeat this procedure as necessary until the office manager or doctor is convinced you can do so without error and have him/her sign below.

Signed:

FINAL EXAM

Do NOT write on this page. Make a copy of this page and write your answers on it.

This is a timed exam and must be taken at our office under the supervision of the office manager or dentist. You have two hours to complete the 15 questions. Use a separate sheet of paper and please indicate your answers with the corresponding question on this final exam. Turn your answers into the office manager upon completion.

If any answers are incorrect, you will be referred back to the appropriate policy for a review and may take this opportunity to re-write your answer to ensure you get 100% of the questions correct. The same is true for any procedure drills conducted during your training.

Exam

1)

What is a Pre-Treatment Estimate Form?

2)

What is the accounts manager supposed to do when the Pre-Determination is received from the insurance company?

3)

What can happen when payments are incorrectly posted?

4)

What are the steps for collecting on an NSF check?

5)

What do you do if:

a) An active patient with a good credit history comes to the front desk and says they forgot their checkbook?

b) A new patient or one with a history of forgetting their checkbook says they forgot their checkbook?

6)

What needs to be placed in the “patient contact notes” when calling or writing to a patient about “money owed?”

7)

What is the purpose and value of keeping a “calendar” for patient collections?

8)

According to our written computer software instructions, how do you print monthly statements? Please give detailed written instructions, so anyone could follow them and get the statements printed without error.

9)

What is the sequence of steps to follow up on past due accounts according to our procedure?

10)

What is the procedure for collecting “unexpected patient balances?”

11)

What are the exact procedures for preparing the deposit slip?

12)

What does the accounts manager do when petty cash falls below \$20?

13)

How much must the total “petty cash” equal in cash and receipts at all times?

14)

What are the exact steps for calling in a prescription?

15)

According to our written computer software instructions, how do you print the Un-submitted Insurance Report? Please give detailed written instructions that are so clear almost anyone could follow them.

ATTEST

Do NOT write on this page. Make a copy of this page to attest.

I attest that I understand all the procedures contained in this Accounts Manager Manual. I have completed all of the role-playing, procedure drills and correctly answered all of the review questions contained herein and have the required initials of the appropriate staff as instructed.

Signed:

Date Completed:

Print Name:

Supervisor Signature:

CDC All Rights Reserved

APPRENTICESHIP CHECKLIST

Do NOT write on this page. Make a copy of this page and write your answers on it.

The purpose of this apprenticeship checklist is to ensure, through observation and not written exams, that you can effectively perform all of the duties of your job description. There are only two people authorized to sign off on each of the apprenticeship points: the office manager or the dentist/owner. Please ensure you get each point signed with the appropriate date.

The maximum amount of time allowed to complete this apprenticeship checklist is 90 days from beginning to end.

Once complete, you will be eligible for our bonus program.

Completion of our training and apprenticeship program does not guarantee employment. It only indicates you have the “ability” to perform your duties and functions as an experienced and trained employee. There may be additional classes you will need to take outside of our dental office as time goes on to improve your abilities and stay abreast of our ever-changing profession.

We hope you set a good example in every way to other staff. The office manager will meet with you about once a week to review your progress on this checklist until it is complete. The office manager will refer you to the appropriate procedures or other references for any needed review or for new information relating to your job. Congratulations on arriving at this point in your training program.

Accounts Manager

Date Started:

Date Completed:

Name:

1)

Greets all patients warmly and with a smile.

Signature:

Date:

2)

Communicates well with all patients.

Signature:

Date:

3)

Communicates well with the dentists.

Signature:

Date:

4)

Contributes to ensuring we are doing all things possible to keep “Total Collections” in a high range.

Signature:

Date:

5)

Efficiently performs all of the steps listed in the procedure “Accounts Manager Checklist.”

Signature:

Date:

6)

Works closely with the front desk staff on getting all patients to complete

their treatment plans.

Signature:

Date:

7)

Sets a good example for other staff.

Signature:

Date:

8)

Contributes to an upbeat and harmonious dental practice through actions and attitude toward patients, staff and doctors.

Signature:

Date:

9)

Uses the communication forms and refrains from asking others to remember things that could have been put on a memo or other appropriate form.

Signature:

Date:

10)

Encourages patients to refer family and friends.

Signature:

Date:

11)

Adheres to the general guidelines of our office.

Signature:

Date:

12)

Maintains good personal hygiene (no body odor).

Signature:

Date:

13)

Always maintains a well-groomed personal appearance.

Signature:

Date:

14)

Can competently handle getting Pre-D's from insurance companies and getting patients in for treatment in an expedient manner once the Pre-D arrives.

Signature:

Date:

15) Knows how to post all payments in the computer quickly and without error.

Signature:

Date:

16)

Has demonstrated competence and effectiveness at making patient collection calls.

Signature:

Date:

17)

Has proven effectiveness at getting insurance companies to send payments in a timely manner.

Signature:

Date:

18)

Keeps a current collection calendar and uses it effectively.

Signature:

Date:

19)

Always has the “collection sheet” current and uses it effectively.

Signature:

Date:

20)

Gets the monthly statements printed accurately and mailed by the third working day of each month.

Signature:

Date:

21)

Knows how to correctly prepare the deposit slip without any errors.

Signature:

Date:

CDC All Rights Reserved