

GENERAL DENTIST

Treatment Coordinator 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 uses Dentrix as the reference Practice Management Software (PMS) for all software-based instructions due to its widespread use in dentistry.

If your practice uses a different PMS (e.g., Eaglesoft, Open Dental, Curve, SoftDent, Dentrix Ascend), the software-specific instructions may be updated at no charge for any commonly used system without altering the policies, protocols, 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.

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JOB RESPONSIBILITY

The responsibility of the Treatment Coordinator is to ensure everything possible is done to get our patients to pay for and complete their individual treatment plans.

We have a wide range of options for our patients financially and scheduling-wise, because we know the importance of removing barriers to patients getting their dental treatment plans done.

TREATMENT COORDINATOR BASICS

As mentioned in the above policy, the responsibility of the treatment coordinator is to help patients figure out how to complete their treatment plans. In other words, you should constantly strive toward the goal of every single patient having a 100% healthy mouth.

That won't be the case 100% of the time, because you will constantly be getting new patients, and some of your patients have legitimate financial barriers that require long-term treatment plans, etc. There will always be a couple of "tough nut" cases you just can't get through to due to senility, illiteracy or you just don't want them as your patient. However, these patients are the exception, not the rule, and these patients must be kept to a minimum.

If you approach this job from a positive viewpoint, it can be one of the most rewarding positions in the dental office. Think about it, you don't have to deal with broken appointments or cancellations, sterilization or running out of supplies, etc.

The hardest part of this job is simply discussing "money" with all types of patients. If you are sold on Dr. [name]'s technical ability as a dentist and you are convinced he and the hygienist are not going to recommend unnecessary treatment, you're home free. Communicating the honest truth to a patient and assisting them through their own considerations on why they "can't do it" is a very rewarding experience.

Dentistry is a "people" business. When you know about people and can communicate with patients on the subject of dentistry and money, the job of treatment coordinator is a walk in the park. The fun part is when patients come up to you right after they get the crowns, veneers or whatever and thank you profusely for convincing them to get the treatment done, because now that they have, they're so pleased with the difference it has made for them!

Many dentists and dental staff forget about this positive aspect of dentistry. They can get caught up in the "negative" part, because they're reminded of it by many patients. Don't buy into that! You are doing patients a huge favor by getting them through their treatment plan, not to mention the fact you're saving them money in the long run. You know that because, as a dental professional, you understand what happens when people put off needed treatment – it eventually requires more treatment and more money from the patient.

Whenever you sit down in front of a patient to discuss money and treatment, remember, you are doing them a favor and are here to HELP them. It can be a lot of fun. Enjoy it!

DAILY CHECKLIST

The following are duties to be done on a daily basis (not in exact order).

1. Participate in the Morning Huddle.
2. Enter new patient information into the computer from the medical history and billing forms.
3. Handle all financial arrangements.
4. Ensure all new patients reschedule.
5. Follow up on all new patients to ensure they arrive and start treatment as scheduled.
6. Coordinate with the accounts manager and scheduling coordinator as needed.
7. Calculate and enter Tx Plan percentage (Tx presented vs. Tx Accepted) for the treatment coordinator stat for the day.
8. Tell Dr. [name] what an incredibly awesome person he/she is.
9. Tell all staff what incredibly awesome individuals they are. Look in the mirror and do the same.
10. Meet with any patients who need to sign a treatment plan before their appointment.
11. Be available for all hygiene exams and doctor appointments during case presentation.
12. Present treatment plans and work out financial arrangements. Make notes on all presented treatment plans in patient's charts
13. Coordinate pre-determination with the insurance company.
14. Contact the patient with the pre-determination information, once it is received from the insurance company.

DEDUCTIBLES

Almost all benefit plans have a deductible. A deductible is a pre-agreed upon 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 they meet their deductible.

When a patient comes to the front desk to check out, and their deductible has not been met for the year, you must collect the full amount of the visit. You do this until the deductible is met.

It is important that you explain this to the patient. Say something to the effect of, 'Hi, Mr. Jones! How did everything go? 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 due is your part. Would you like to pay for that with a credit card, cash or check?'

HOW TO CALCULATE INSURANCE BENEFITS

As the Treatment Coordinator, it is beneficial to know how to figure out the estimated patient portions.

Most insurance companies work on a percentage basis, and they generally pay according to "usual and customary rates." (This is why we can only estimate what their payments will be). The percentage paid is based on the insurance plan of a particular group or individual and it 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 reimbursement begins. The deductible varies widely from plan to plan.

To calculate the insurance benefit, you take the office price and multiply it by the % the insurance company will pay. The total gives you the estimated insurance benefit.

$(\text{office price}) \times (\text{percentage pd. by insurance co.}) = \text{insurance benefit.}$

EXAMPLE: \$90.00 filling x 80% = \$72.00 paid by the insurance company.

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

EXAMPLE:

\$900.00 Crown

-\$50.00 Deductible

= \$850.00 left. Multiplied by 50% (paid by ins. co.)

= \$425.00 paid by insurance

= \$425.00 Patient Portion

Most insurance is calculated in this manner. The patient portion for treatment is collected at the time of service, unless the accounts manager has made other arrangements.

VERIFYING BENEFITS

When a new patient calls and has insurance, the receptionist will fill out the "New Patient Call-In Form" (see the following page for a sample). She will put this form in your communication box, so you can call the insurance company to verify that the patient is covered and the level of coverage. This process is done immediately, because it is important to have the insurance information prior to the patient coming into the office.

If the patient is not sure of his insurance company or the phone number, they need to find the information and call us back. Or, at the very least, they can bring the information to the office at the first appointment. If the patient does not know his insurance information and/or cannot provide the information, they will be fully responsible for charges incurred and must be told this prior to being seated.

We can give them an "Attending Dentist's Statement," which they can submit to the insurance company. If we know the employer name and subscriber social security number, we can see if we have the plan in our system. If we do, we can 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 Form. Just go down the form, ask for the information and fill in the answers.

Once you have verified coverage, give the New Patient 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, with the insurance company information form 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.

For insurance information received prior to the patient's arrival:

1. Verify and complete the Insurance Information form by calling the insurance company.
2. Put the patient's insurance information into the computer.
3. File New Patient slips and the Insurance Information form in file at front desk.
4. The day before, when checking the schedule, make sure all information is complete.
5. File New Patient slips in the file folder at the front desk.

If the patient is to bring information, make a notation on the schedule to get information from patient when they arrive for their appointment. When they arrive, get the information, insurance card, etc. Then, verify it as soon as possible, so you have benefit information when the exam is being performed and treatment plan is being written.

Discuss any important information at the morning huddle (balance due, contracts that need signing, etc.).

NEW PATIENT CALL-IN FORM

DATE CALLED

APPT. DATE & TIME

PATIENT NAME

IF PATIENT IS A CHILD, PARENT'S NAME

HOME PHONE

WORK PHONE

HOW DID YOU HEAR ABOUT OUR OFFICE?

WHEN WAS THE LAST TIME YOU SAW A DENTIST?

ARE YOU HAVING ANY PROBLEMS WITH YOUR TEETH NOW?

DO YOU HAVE DENTAL INSURANCE?

If yes, get the following information:

Name of the insured person

Relationship to NP

Employer of the insured

Emp. Phone #

SS# of the insured person

SS# of the patient

Name of Insurance Co.

Ins. Co. Phone #

ACCOUNTS MANAGER: Verifies benefits and fills out before NP arrives.

Name of Insurance Company Rep.

Effective Date:

Max. benefits/year

Deductible Amount

Has ded. Been met?

Does deductible apply toward preventative?

Percentage covered after deductible for-

Preventative

Basic

Major

Endodontics

Periodontics

Frequency of Cleanings: (check one)

Two cleanings/year

Once every six months

Two cleanings within 12 consecutive months

Date of last cleaning

Date of last Full Mouth X-Ray

Do you replace teeth missing prior to effective date of coverage?

Benefits left for the year?

Other comments:

INSURANCE COMPANY INFORMATION

We do not participate with any managed care or welfare type plans. Some of these plans are the following:

- Dental Plus
- Medplus
- Best
- Gateway

In all of these cases, the patient has picked a doctor from a list and can only go to that particular doctor. Their insurance will not cover any treatment received by any other dentist.

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 can see us for treatment. They are responsible for whatever insurance does not cover. Their estimated patient amounts (deductibles, co-insurance and non-covered services) are due at time of service.

Regarding student/faculty courtesies, insured patients are eligible to receive these courtesies the same as non-insured patients can. The only requirement is that they pay us in full at the time of service (with courtesy). We will submit insurance for them, and they will be paid directly by the insurance company.

SAMPLE INSURANCE COMPANY INFORMATION FORM

Insert a sample of an insurance company information form here.

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 both patients and referrals.

Most people 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 the patient and us and will mean eventual loss of the patient and his/her referrals.

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 financial stress. Financial arrangements will be made with each patient for their specific treatment.

FEE SCHEDULE POLICY

The following pages contain the most current fee schedule. These prices are set and approved by Dr. [name] and are charged to the patient accordingly. Any deviation from this fee schedule must be approved by Dr. [name] only.

FEE SCHEDULE

Insert your fee schedule here.

REVIEW

Make a copy of this page and write your answer on it. You may refer back to the policy as often as needed to answer the question. 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 conducted during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence. Use the back of the copied page for your answers if needed.

Fill in the blanks - "Our definition of a challenge is _____"

____1. How are you saving patients money by getting them to pay for their whole treatment plan in the beginning?

____2. Have the office manager walk you through the following parts of the daily checklist, so you can observe how they are actually done. Check each one off as you are shown how they are done. Not all of the steps on the checklist are required to complete this drill, only the ones listed below. Have the office manager confirm your understanding of this procedure by initialing on the line to the left.

1) ____

2) ____

7) ____

8) ____

9) ____

11) ____

12) ____

13) ____

3.

Have your supervisor observe you verifying at least five patient insurance policies correctly. Have your supervisor confirm your understanding of this procedure by initialing on the line to the left.

4.

Review the fee schedule until you know the fees for crowns, root canals, two-surface composites, cleanings, FMX, veneers and a 3-unit bridge.

NOTATIONS ON THE CONTACT NOTES

All patient contacts or attempts to contact, verbal or written, must be noted on the contact notes. The person making, or attempting, the contact must include her/his initials in the notation. If a written contact is returned with no forwarding address, this data must be noted in the contact notes and skip tracing must begin immediately.

For this example, we will use collections as the reason for the contact. However, any contact, for any reason, must be noted. Contacts notes made, as per the following examples, would show that we have made attempts to collect funds that are due to us.

If a letter is being sent, the type of letter must be indicated in contact notes, under accounts. If you are giving the patient a time frame in which they need to respond, you need to include the end date. You should also put a message in the daily notes to record when payments are expected. For example, you call a patient and he says he will be sending a payment on February 4th. You 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 your collection letters.

If you call a patient or a patient calls you, the contact needs to be documented in the 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 in the date, your initials and the contact notes, "spoke with patient, sending \$50 today." Any special arrangements should be entered in the contact notes.

Below are some examples of what the notations should look like:

4/25

M.T. Statement sent.

4/30

M.T. Last Notice Letter sent (needs to send payment by 5/10).

5/10

M.T. Spoke with patient. Will send payment on 5/20.

5/15

M.T. Mail returned.

6/16

M.T. Sent to collections.

ENTERING TREATMENT PLANS

The Treatment Coordinator presents a treatment plan to all new patients and also to all established patients who may need new treatment.

The Treatment Coordinator enters the handwritten treatment plan that has been proposed at the chair side into the computer, when applicable.

Before presenting the treatment plan to the patient, two (2) copies of the recommended treatment are printed. The phrase “recommended treatment” is printed in the comment field provided on each treatment plan. The copies are designated as follows:

1. To the patient for review.
2. To the Treatment Coordinator for presentation, after which it will be placed in the patient’s chart.

The Treatment Coordinator checks the recommended treatment plan for accuracy before presenting it to the patient. This check includes the ADA code, pricing and insurance estimation/patient portion.

To input a treatment plan, read the following pages from our computer-training manual.

SOFTWARE INSTRUCTIONS FOR TREATMENT PLANS

Insert your computer’s software instructions on how to input a treatment plan.

HYGIENE EXAMS/TREATMENT PLANNING

Upon completion of all new patient hygiene prophys, the Treatment Coordinator is present for the treatment plan presentation, interaction with the doctor, and coordination of patient care.

The Treatment Coordinator is aware of the hygiene and new patient scheduling times, and is readily available for the doctor.

The hygienist will alert the treatment coordinator and Dr. [name] when the patient is ready for the exam. The hygienist will fill out the written treatment plan during the presentation and the Treatment Coordinator will enter this information into the computer.

While in the operatory, you need to accomplish three (3) things:

1. Observe the patient's understanding of the proposed treatment and his/her interest and desire to complete it.
2. Help Dr. [name] stay on track with the treatment presentation by asking questions such as, "Excuse me, Dr. [name], but did you say the gum disease (decay, etc.) has advanced to the bone or not?" or "Is the gum disease a concern to you right now?"
3. If you observe the doctor slipping back into the bad habit of just telling the patient what's wrong and what they should do to fix it, you should refer him/her and yourself to the hygienist policy "Gaining Patient Commitment to Treatment." This treatment presentation script applies to the dentist when he presents operative treatment to the patient, as well as hygiene and perio treatment.

GAINING PATIENT COMMITMENT TO TREATMENT

In this example, George is a new patient, and is diagnosed with PERIO Type III. The Probe Exam shows 4-5 mm pocketing and BOP with 1-2 mm recession.

HYGIENIST:

"I'm going to go over in detail what is going on with your mouth. There are some areas in your mouth that concern me a lot."

The charting has been done. Be sure to make the patient aware, during the probe exam, to pay attention to the numbers "4 and above" and that those areas are of concern. Emphasize, "concern me." Don't use the words "small, early, moderate, beginning, little or eventually." Those terms all equal WAIT - let the disease grow! This is NOT what we want for the patient.

HYGIENIST:

"The first thing that concerns me is all the tartar build-up around your gum lines". (Use the intra-oral cameral picture to show the tartar and redness of gums.)

“How long has it been since your last cleaning?”

PATIENT SAYS:

“About 2 – 3 years.”

HYGIENIST:

“Well, that is why you have areas in your mouth that concern me. People build tartar naturally and since it has been 2 – 3 years since your last cleaning, your gums have become infected”.

“Everyone needs professional cleanings to remove tartar, which is bacteria, in all the little places that you can’t reach”.

“Let me show you what your Probe Exam told us.”

Use flip chart to show each state of gum disease and how the probe sinks down into the gum. Then show the patient where they are in the flip chart and what stage it is.

HYGIENIST:

“Remember those 4 millimeters that I called out during your Probe Exam?”

Use the flip chart to show why your probe sank in some areas. Use the gum disease model to pull back the gums and show how the tartar builds up under the gums and the destruction it causes to the bone.

HYGIENIST:

“I called out some 5 millimeters during your probe exam, and as you can see, George, you’ve already started to lose some bone in those areas, which forms a pocket between the gum and the tooth. Those pockets make it easier for tartar to build up below the gum line. I know for a fact that you’re on your way towards the next state of gum disease, which is Stage III.”

RUST ANALOGY:

“Gum disease just keeps getting worse, like rust on a car. Did you ever see rust on a car with spray paint over it? What would happen to the fender if you just painted over the rust? (Get answer). Would it go away? Would it get worse if you didn't do anything about it? Gum disease is just like rust. Once it gets started, it keeps eating away and destroying more and more of the bone. Even if

it doesn't hurt now, it may eventually hurt due to an abscess that can form because of the bacteria.

HYGIENIST:

(High Blood Pressure Analogy) "Gum disease is like High blood Pressure, most of the time you don't know you have it.

GET THE PATIENT TO THINK IN TERMS OF ANALOGIES AND PICTURES THAT ARE REAL HIM/HER: THINGS THAT HE/SHE CAN EASILY UNDERSTAND.

Use pictures, drawings, diagrams and analogies so the patient really sees what's going on in his/her mouth.

Most practitioners at this point jump in and start to explain how they are going to fix the problem areas. This is incorrect. It is jumping in with a solution much too soon.

Do not explain the treatment yet. It defeats the whole process. Resist the urge to explain what needs to be done. We are so conditioned to go straight into explaining the treatment (before the patient has made up his/her mind) that we bypass the most crucial and important steps.

HYGIENIST:

"George, just to ensure that you are tracking with me, and this is very important, because my main responsibility is that you really understand what's happening with your mouth; I want to ask you a few questions, is that OK?

QUESTION:

"Based on what I just went over with you, what's happening in your mouth right now?"

As long as you are satisfied that the patient has understood and answered correctly, tell them they are RIGHT!

"Exactly! You are absolutely right."

HYGIENIST:

"Decay and gum disease are called Silent Killers because there is damage, but no pain. If you put treatment off, with the active decay and destruction going on, and wait until your mouth hurts, it could be too late."

The patient is telling you AND that is the difference! Whereas if you tell them, this is what is going on, etc., how do you know if they actually heard one word you said? They could be sitting there in denial, trying to block you out! If you engage them in a conversation and make them a part of the discussion, they're going to take more responsibility for their situation. Even if they can't afford it, or if they decide not to do anything about it right now, when they leave the office they are going to know the truth.

This approach is successful because when something is presented factually, patients do fine with it. It is very, very important to communicate the truth. The patient will realize they don't have much choice - they really should get the treatment done.

END RESULT: The patient eradicates the dental disease, has healthy gums and everybody wins.

Continue on....

QUESTION:

"So, my next question is - are you ready to get rid of this gum disease?"

Once he gives you a positive yes, "Sure, yeah, I don't want to lose my teeth. I want to do something about it," just say:

"Good, I'm glad you made that decision."

HYGIENIST:

"I don't want you to do this because I said so, but because it's important to you and you really feel you need to do it."

He may say, in answer to any of your questions, "How much will it cost?"

"HOW MUCH WILL IT COST?"

HYGIENIST:

"We'll get into finances, but if finances weren't a problem and could be handled, is this something you want to take care of? I want to confirm that, because it is useless to talk money if I'm not certain you understand what is going on and why you need to do something about it."

Once you have a positive answer, “Yes I want to get it taken care of, what can be done about this?” go to the next step.

Explain how the cleaning will be done. Inform the patient whether their teeth will be cleaned by sides, quadrants, or the whole mouth at one time. Paint a clean, healthy, picture. When we get rid of all the gum disease, your gums will be pink and firm – or, gums will be clean and healthy, etc.

You will need to explain that gum disease can return if the patient doesn’t stay on top of their home care, etc. Be especially clear on this point, so the patient is not misled into believing that one perio treatment will cure his gum disease for the rest of his life.

Now the patient is ready to talk finances.

COURTESY SCHEDULE

The accounts manager offers all private pay patients (exclusion: FINANCE COMPANY), a pre-pay courtesy, if treatment is accepted and paid in advance of services being rendered.

The courtesy schedule is as follows:

\$500 - \$999 =

5% Prepay Courtesy

Senior citizens are offered a 10% courtesy no matter the amount. *

Health professionals (MD, DDS, DMD, OD, DC, etc.) are offered a 10% courtesy.

* At the discretion of Dr. [name]. Courtesies are not given in combination with any other offer or discounts. Any courtesy given on treatment is indicated on the treatment plan that is accepted, and signed by the patient.

REVIEW

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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 conducted during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence. Use the back of the copied page for your answers if needed.

_____ 1) Why is it important to note any patient contact in “notes?”

_____ 2) What do we do when a patient letter is returned with no forwarding address?

_____ 3) Sit with the hygienist when she “gains patient commitment” to perio treatment. This is done with an actual patient that needs perio treatment. Have the hygienist confirm your understanding of this procedure by initialing on the line to the left.

*Review the procedure “Gaining Patient Commitment to Treatment” before sitting in with the hygienist on her presentation.

_____ 4) With a qualified employee, role-play “gaining patient commitment to treatment” until you are confident. Have the employee confirm your understanding of this procedure by initialing on the line to the left.

_____ 5) Why is it important to use “analogies” when explaining a patient’s oral health problem?

_____ 6) Why is it important to wait for the patient to “answer” your questions when gaining their commitment to treatment?

_____ 7) Enter a minimum of five handwritten treatment plans into the computer and print them. Repeat as needed. Have another qualified employee confirm your ability to do this by initialing on the line to the left.

_____ 8) What should you accomplish while being present in the hygienist operatory for treatment plan presentations by the doctor?

_____ 9) What does the Treatment Coordinator do during this patient exam?

_____ 10) What does the Hygienist do during this patient exam?

_____ 11) How much of a discount does a private pay patient (non-insured) get for paying in full before starting treatment?

_____ 12) What is the discount for:

Senior citizens?

Health Professionals?

TREATMENT PLAN PRESENTATION

Escort the patient from the dental chair to the consultation area.

Once in the consultation area, offer the patient a beverage and then ask if they fully understand the treatment Dr. [name] is recommending and “why” they need it. If they are slightly unsure of “why” or “the treatment needed”, be sure to explain it thoroughly. Use the patient education aids available (models, before and after pictures, x-rays, drawings, etc.) as necessary.

Present the preliminary treatment plan description and the cost for each service. Then, work out financial arrangements for acceptance.

Explain approximately how many visits the treatment will take. Also, explain that the total patient portion (if insurance) is strictly an estimate. The idea is to get the patient to pay in full for their portion or if they do not have insurance, get them to pay in full for the whole treatment plan in advance of receiving the treatment. Offer up to 5% off (courtesy) if they pay in advance. Confirm this discount with Dr. [name] first.

The following procedure is a general script of what should be said when presenting the finances to the patient. Keep in mind the word general. You should become familiar with this script and use what is comfortable and what works for you. In order to make the patient comfortable about discussing finances, you need to be comfortable with what you are saying. This procedure is just a guideline. You don't want the patient to feel as if you are reading off a script. As you become more familiar with this procedure, you will find it easier to personalize it for your patients and stay within the guidelines set at your office.

FINANCIAL ARRANGEMENTS OPTIONS

FINANCIAL ARRANGEMENT SAMPLE SCRIPT

OPTION #1

TC:

"The total cost is \$_____, and there are several ways of paying for that: check, MasterCard, Visa, or American Express."

PT:

"That seems like an awful lot".

TC:

"We do have a couple of options, but let me run this one by you first. Many patients take advantage of it because it is a way to save you money. In your case, you could save \$_____ if you were able to pay the \$_____ up front which would make it \$_____."

“Dr. [name] has found that his best patients are those that complete their whole treatment plan, and have good healthy mouths that are easy to maintain. So, as an incentive, he is willing to give _____% off for prepayment. Is there some way you can work it out?”

“Is there anybody you know that can lend you the money?”

“We take credit cards. Is it possible for you to put some on your credit card and pay the rest by check?”

OPTION #2

TC:

There is another option. Dr. [name] has worked out an arrangement with a company called FINANCE COMPANY (a finance company - *Insert your local finance company) for patients just like yourself who want to get the treatment done, but don't have the cash readily available at this point in time. The option is this: Dr. [name] has agreed to pay FINANCE COMPANY a premium in exchange for them not charging you any interest. This is an arrangement that Dr. [name] has worked out for his patients. In your case, the \$_____ could be spread over six months at no interest. That would be \$_____ divided by six or approximately \$_____ per month. Can you handle that?”

If the patient says “No,” then say:

TC:

“If we spread the payments over 12 months that would be \$_____ divided by 12, which is approximately \$_____ per month. That is 12 months at no interest. If you don't get it paid off in 12 months, then there would be an interest charge. Will that work for you?”

PT:

“Yes.”

TC:

“Well, all right. Here's the application. Fill it out, we'll fax it in and get an answer in about 10 minutes.”

The premium they charge the doctor is 5 percent for 6 months, and 10 percent for 12 months.

If the application does not go through, make a polite excuse to prevent the patient from being embarrassed, such as: "By law, the company is not allowed to tell me the actual reason, but you can call them and they will tell you." Then go on to Option #3.

OPTION #3

Option number three would be raising the limit on their credit card.

TC:

"Do you have a credit card? Well, here's another option. You may be interested in doing this."

"Many of our other patients have done this. Most credit card companies will increase your limit for medical or dental purposes. There is an 800 number on the back of your card, so if you want to try, you can give them a call from here. That way, if there is any question about whether or not this is for medical or dental purposes, or if they have questions about the actual treatment or the cost, or whatever, I would be available to explain all that to them. So, is that something you would be interested in doing?"

PT:

"Yes."

TC:

"All right, do you have your credit card with you? On the back is an 800 number. What's the number? I'll dial it for you." Here's the phone, they'll need to talk to you, not me. Like I said, if they have any questions, I'll be happy to speak with them. I'll be back in a minute."

OPTION #4

If he doesn't get approved, you know he is a credit risk by the mere fact that he couldn't come up with the money, he couldn't qualify with the FINANCE COMPANY, and the credit card company won't extend his limit. Now you know that this patient has to "pay as you go." You do not extend any credit to him/her.

TC:

"OK, well here's what we can do. We can break it down into six visits. You need to pay at the beginning of your treatment each time you come in. That will be \$_____ each visit. Do you have any problem with that?"

PT:

"No."

TC:

"All right, then would you be doing that by check, I assume?"

On the Treatment Plan Form, write in specifics of the exact agreement you made. Print a new treatment plan with the specifics on Treatment Plan Form.

Write on the treatment plan form:

Patient accepts above treatment. (Patient's name) will pay for each portion of the treatment, in full, at the time of service. The patient must sign before treatment is delivered.

CROWN PREP

SCRIPT FOR A CROWN PREP

TC:

"Let's get you scheduled for that first appointment. At the first visit, we'll prepare the tooth for the crown. At the second visit, we will adjust and place the crown. That will be ½, or \$_____, on the first visit and \$_____ on the second visit."

When it is okay with the doctor to do the crown prep in three visits, spread the appointments apart. If it is technically okay, do it to help the patient. Obviously, you may be able to seat it on the second visit, but if this is needed on the financial end, and it won't compromise the treatment, make it three visits. The second visit would just be a 5-minute try-in, but the patient would have 3 visits to pay in full.

OPTION #5

Let's say he can't "pay as you go" and he needs payments. The only way we ever do payments with anybody is if they are an established patient and already have a good credit history with us. You will have patients like that. They don't have the cash, but they pay like clockwork. Only do this with an established patient.

There is no 5th option for a new patient.

OPTION #6

Another option for the new patient is to send in monthly pre-payments until they have enough on account to get their treatment done.

SCRIPT FOR NEW PATIENTS WHO WANT PAYMENTS:

TC:

"Yes, we do have a payment plan. How much a month can you handle? (Patient answers \$_____ per month). That's fine. Send in that amount to us each month as a prepayment and when the credit in your account reaches the cost of the first treatment, we will call you and you can come in and get it started. The advantage is you can send in as much as you want each month, and avoid credit problems.

The doctor does not have to assume the credit risk of the patient is not paying for treatment already completed.

ADDITIONAL NOTES:

Insurance should be verified before the patient comes in. It eliminates extra steps while the patient is in the chair. This is especially true for new patients. See the procedure “Verifying Benefits.” There are no discounts for patients with insurance. However, if the patient writes you a check for the total amount and then gets reimbursed by the insurance company, the doctor may choose to give him a discount.

ADDITIONAL SCRIPT THAT CAN BE USED DURING THE FINANCIAL ARRANGEMENTS:

TC:

“How can we work this out so you can get the dentistry you need?”

Let the patient be part of the solution if none of the above options have worked.

OUR FINANCIAL POLICY

The following is the financial policy for this office. A printed copy of this financial policy will be given to each patient.

Cash patients are expected to pay in cash, check or credit card on the day the service is rendered, unless specific arrangements are made in advance.

For those patients covered by insurance, we will accept assignment of benefits. This means that the patient must sign the portion of the insurance form that assigns payment to our office. Most policies do not cover 100% of the cost of your treatment. Because of this, and the extreme delay in receiving payment from the insurance company, the patient will be asked to pay the deductible, if any, and their portion of the charges the day the service is rendered. We will estimate, as closely as possible, the patient’s coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will assist the patient in dealing with the insurance company, but ultimately the

responsibility lies with them. If, after 45 days, the insurance company hasn't paid, the balance will be due, in full, by the patient.

If the patient has any questions, tell them that they are free to ask them at any time. Also, let them know that we wish to be of assistance in any way we can.

RECORDING FINANCIAL ARRANGEMENTS

The Treatment Coordinator handwrites the financial arrangements that are discussed with the patient on a treatment plan, as they are being discussed. The Treatment Coordinator then types the arrangements into the final accepted treatment plan.

The financial arrangements are detailed and specific as to payment(s), courtesies given, any predeterminations requested, and any other information that is relative.

Financial arrangements will include the following statements:

1. Patient accepts the treatment listed above.
2. Financial arrangements are as follows: (with specifics)
3. Patient understands that the insurance/patient portions are estimates only (if insured).
4. Employee initials at end of the information.

ACCEPTANCE OF TREATMENT

Upon the acceptance of treatment recommended and agreement of specific financial arrangements, the Treatment Coordinator will print out the finalized Treatment Plan sheet, listing "only" the treatment that is accepted, and is indicated with a "YES."

Before the patient signs the accepted treatment plan/financial arrangements, the Treatment Coordinator checks the form for accuracy of the ADA code, pricing, courtesy amounts, financial arrangement, and insurance estimation/patient

portion. The Treatment Coordinator's initials are typed at end of the financial arrangement on the Treatment Plan sheet.

The Treatment Coordinator secures the patient's signature on all pages of the accepted treatment plan/financial arrangements.

The patient and Treatment Coordinator both sign the original. It is then placed in the patient's chart.

PRE-TREATMENT ESTIMATES

Sometimes before doing major dental work on a patient, we will send in a Pre-Treatment Estimate (PTE) to the insurance company. (Some insurance companies require a PTE for any service over \$200.00).

A PTE is a form sent to the insurance company requesting, from them, an exact dollar amount they will pay for specific treatments. It usually takes 1 month to get the PTE back from the insurance company. When it comes back, the PTE will show how much they are going to pay. This is not a guarantee that the insurance company will pay the amount indicated. There is usually a time limit for which the PTE is good, so always get the patient in as soon as possible after receiving the PTE.

When the PTE is received back from the insurance company it will be routed to you. Recalculate the patients' treatment plan with the insurance amount on the PTE. (Keep in mind that this is just an estimate.) Call the patient to discuss the PTE and make financial arrangements. Then, pass the phone to the scheduling coordinator, so the patient can be scheduled to start treatment.

TREATMENT PLAN WORKSHEET

This worksheet is to be filled out every day before leaving. This will give you your key statistic, which is "Tx Presented vs. Accepted Percentage."

DATE _____

PATIENT NAME	\$ PRESENTED
--------------	--------------

PATIENT NAME	\$ PRESENTED
--------------	--------------

\$ ACCEPTED

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TOTAL \$ PRESENTED _____

TOTAL # OF PLANS PRESENTED _____

TOTAL % OF PLANS ACCEPTED _____

TOTAL COLLECTIONS \$ _____

TOTAL \$ ACCEPTED \$ _____

DISMISSING PATIENTS

Sometimes we have weeks when there are many new patients and the treatment coordinator becomes extremely busy with financial arrangements. When this happens, there is a tendency not to follow the standard policy of routing patients to the treatment coordinator for treatment presentations. This, of course, can result in confusion for everyone, especially the patient.

Therefore, the standard routine will be as follows:

1. Route the patient to the consult area for treatment presentation and financial arrangements.
2. If the consult area is occupied, keep the patient in operatory, as long as it is not needed immediately, until the treatment coordinator can see them.
3. If the Treatment Coordinator is going to be more than 10 minutes and it is not a large case presentation, have the scheduling coordinator deliver the treatment presentation.
4. If the operatory is needed for another patient, ask the patient to wait in the waiting area for a few minutes until the Treatment Coordinator can see them, using number 3 as a guideline. If the treatment is a large case and the Treatment Coordinator should do the presentation then refer to number five.
5. Reschedule the patient for financial consult.

Of course, the ideal is always to follow step one. Steps 2 through 5 are to be followed in natural sequence if needed.

PASSING OF ACCEPTED TREATMENT PLANS

When treatment is accepted and signed, the Treatment Coordinator passes the patient to the Scheduling Coordinator. The chart and the signed treatment plan will be given to the Scheduling Coordinator. The Scheduling Coordinator will group the accepted treatment and enter it into the “tickler” as the patient is dismissed.

This will prevent a backlog of accepted treatment not getting grouped, since all appointments will be scheduled from the “tickler.” This step will make it much easier for the Scheduling Coordinator to fill the book, and will expedite patients completing their treatment plans.

GIFTS FOR COMPLETING TREATMENT PLANS

Gift certificates will be issued to existing patients who complete their entire treatment plans. (This procedure is usually for patients who have a treatment plan of \$3000.00 or more.)

The type of certificate issued will depend on the amount of treatment completed.

We usually mail a card (signed by all staff and the doctor) with movie tickets and a small basket of flowers, or a gift certificate to a store they frequent.

PATIENT USER CODES

Insert a sample of a your patient user codes here.

BASIC DUTIES

1. Perform all Treatment Plan presentations.
2. Ensure all financial arrangements are completed per policy.
3. Confirm that all insurance pre-determinations are done accurately.
4. Correctly input all insurance verification information into the computer.

REVIEW

Make a copy of this page and write your answer on it. You may refer back to the policy as often as needed to answer the question. 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 conducted during your training. Remember, we are only concerned with you getting each answer correct and knowing you can perform each procedure with confidence. Use the back of the copied page for your answers if needed.

1.

After reading the policy on “Financial Arrangements Options,” role-play the script with another qualified employee, until you can do so with confidence. We want you to role-play the script until you can “do it in your sleep.” Ensure you role-play all 7 options. The office manager or doctor must sign off on this drill by initialing the line on the left.

2.

With the assistance of a qualified employee, print out several (four minimum) Treatment Plans. Point out where at least four key statements are on the treatment plan. Have the qualified employee confirm your ability to do this by initialing on the line to the left.

3.

After reviewing the policy “Acceptance of Treatment,” show a qualified employee where the key points below are located on the treatment plan. Have the qualified employee confirm your ability to do this by initialing on the line to the left.

a. ADA code

- b. Pricing
- c. Courtesy amounts
- d. Financial arrangement
- e. Insurance estimate
- f. Patient portion
- g. TC initials

4.

What is the standard routine for dismissing patients?

5.

With a qualified employee, role-play each one of the “5” possible scenarios for dismissing patients, until you are confident you know what should be done and “how” for each scenario. Have the qualified employee confirm your ability to do this by initialing on the line to the left.

FINAL EXAM

This is a timed exam and must be taken at our office under the supervision of the office manager or dentist. You have one hour to complete the 18 questions. Use

separate 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. In your own words, describe the “fun part” of being the treatment coordinator.
2. What happens when a patient puts off completing their Treatment Plan?
3. What is the value in using the Collection Sheet?
4. When a patient comes up front to check out and the deductible has not been met for the year you should refer them to the office manager. True or False?
5. A new patient who says they have dental insurance has arrived for their first appointment, but does not have their insurance card or any other insurance information. What do you do?
6. If a new patient arrives for service that has an HMO plan that we do not accept, what do you tell the patient?
7. What is our policy regarding verbal or written contacts with patients?
8. A new patient has just finished their exam and consultation with the doctor and is ready for the treatment presentation. What are the steps you must perform with this new patient?
9. What classification of patient is offered a pre-payment discount?
10. In your own words, why would it be important to use education aids like models, drawings etc., when presenting treatment to a patient?
11. How many financial arrangement options do you have to offer patients? Which one is the best for the practice and, in reality, for the patient?
12. Why is your answer to question #11 (above) true?
13. What are the four main things that must be included in the written, final accepted treatment plan?
14. What is a Pre-Treatment Estimate? When would you have to use a Pre-Treatment Estimate? Give an example.
15. What is our procedure for making sure patients get a written treatment plan presented if the Treatment Coordinator is busy?

16. When treatment is accepted and signed by the patient, to whom do you pass the patient for their next step? What does this person do with the patient?
17. What are the four basic duties of the treatment coordinator?
18. Please explain, in your own words, what your relationship and responsibility is for the total collections statistic of this dental practice?

ATTEST

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

Signed:

Date Completed:

Print Name:

Supervisor Signature:

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TREATMENT COORDINATOR APPRENTICESHIP CHECKLIST

Date Started:

Date Completed:

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Name:

The purpose of this apprenticeship checklist is to ensure through observation and not just written exams that you can effectively perform all the duties of your job. There are only two people authorized to sign off on each of the apprenticeship points, they are 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. You will meet with the office manager a minimum of once a week to review your progress on this checklist until it is complete. The office manager will refer you to the appropriate policies or other references for any needed reviews or for new information relating to your job. Congratulations on arriving at this point in your training program.

Each one of the following apprenticeship points must be signed and dated by the office manager or dentist/owner.

TREATMENT COORDINATOR

Apprenticeship Checklist

1. Greets all patients warmly and with a smile.

Signature:

Date:

2. Communicates well with all patients.

- 3.

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 policy “Treatment Coordinator 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 her actions and attitude.

Signature:

Date:

9. Uses the communication forms and refrains from asking others to remember things that she could have 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 policies 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. Competently handles getting Pre-D's from insurance companies and ensures patients come in for treatment in an expedient manner once the Pre-D arrives.

Signature:

Date:

15. Well versed with the computer and can perform all functions necessary for the Treatment Coordinator position.

Signature:

Date:

16. Very good at presenting treatment plans to hygiene patients and getting them started.

Signature:

Date:

17. Has demonstrated a high level of competence at presenting treatment plans to operative patients and getting them started on their treatment.

Signature:

Date:

18. Knows how to get patients approved quickly through our finance company.

Signature:

Date:

19. Shows great skill at convincing patients to “at least” start their priority recommended treatment, even those who are reluctant due to fear of dentistry or previous bad experiences.

Signature:

Date:

20. Able to answer any question the patient may have regarding their insurance easily and without delay.

Signature:

Date:

21. Knows how to verify insurance in the least amount of time possible.

Signature:

Date:

22. Very knowledgeable and adept at presenting any of the payment options we offer to our patients.

Signature:

Date:

23. Keeps Treatment Plan Worksheet filled out daily and maintains “Tx Presented vs. Tx Accepted” statistic in an acceptable range.

Signature:

Date:

ATTEST

I attest that _____ has successfully demonstrated competence on all of the above points and is now considered fully trained and apprenticed.

Signed_

____Date_

(Doctor's Signature)

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Dentrix is used in this manual to demonstrate standard front desk workflows. Exact screen names may vary by version.

Common Dentrix Functions Referenced:

- **Patient Information:** Family File > Patient Information
- **Scheduling Appointments:** Appointment Book > Select Provider/Time > Enter Procedures
- **Treatment Plans:** Ledger > Treatment Plan > Create / Present
- **Posting Payments:** Ledger > Enter Payment > Allocate by Procedure
- **Insurance Claims:** Ledger > Insurance > Create & Send Claims
- **Reports:** Office Manager > Reports

If your practice uses a different PMS, equivalent workflows will be substituted without cost upon request.