Utah Dental Association
CONVENTION

Fabulous Front Office Systems

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©Linda Drevenstedt, RDH, MS
Linda Drevenstedt, MS, RDH is a wise and insightful consultant with real "in the trenches" office management experience as a group practice administrator. Her lively, fast paced sessions receive high marks.

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**Fabulous Step # 1**

*Establish practice goals. Know your Practice!*

Find the average production per provider over a six month period.

Divide the total number of days/hours into the total production to reach an average for Dentist and Hygiene.

Once you have the average, add $100/day and set the goal for the dentist.

- Dentist Daily Goal = _______
- Hygiene Daily Goal = _______

*Track production daily and compare to your goals.*

Use the *Production Tracking Report* to report at the Morning Huddle.

**Fabulous Step # 2**

*Preblock the schedule. PPO Pre-blocking*  

Preblock enough time to meet at least 75% of your goal with Primary Care.

**Primary Care Procedures:**
- Crown and bridge preparations
- Denture or partial impressions
- Amalgams and Composites – multiple teeth
- Cosmetic bonding or veneers
- Surgery – perio or extractions
- Root canal – initial appointment
- Implant procedures
- Orthodontic banding/tray impressions

**Secondary Procedures:**
- Crown and Bridge seats
- Try ins or delivery of prosthetics
- Single tooth Amalgams and Composites
- Minor extractions
- Root canals – after first appointment
- Partial / denture adjustments
The $1,000 per day EXTRA chair

Tertiary care time fills in around other procedures – these are often services that can be performed by an EDDA (Expanded Duty Dental Assistant). The dentist checks the patients much like he/she would a hygienist.

- Emergencies
- Post-op checks, Suture removal / pack changes
- Recement temps or bands, Remake temps
- Impressions & photos for bleaching
- In office bleaching (ZOOM)
- Sealants – check state laws
- Orthodontic or TMD records
- Other Expanded Duty procedures by state law

PPO – Preblocking

Fabulous Step # 3

Have a Morning Huddle each day before seeing patients.

Schedule the first patient 10-15 minutes into the day to allow time for a Morning Huddle.

Benefits of a Morning Huddle:

1. ________________________________
2. ________________________________
3. ________________________________

Barriers to a Morning Huddle:

1. ________________________________
2. ________________________________
3. ________________________________
Morning Huddle

Appointment Coordinator

1. Review Telephone Slips for Emergency patients.
2. Review Telephone Slips for New Patients.
3. Review Production Tracking Report for Dr. & Hygiene.
4. Report the production scheduled for the day for Dr. & Hygiene.
5. Report the next 2 Primary Care opening for the Dr(s).

Financial Coordinator

1. Report any patients with financial challenges:
   Use your Router Slips to check financial & insurance status.
2. Review Collections status. (Optional)
3. Share a Thought For The Day (anyone can contribute).

Hygienist

1. Inform Dr. of patients with incomplete treatment.
2. Identify patients who need 5 year exams, FMX or Pans.
3. Share any important personal information

Assistant

1. Discuss comments or questions about treatment, materials, lab cases.
2. Share important medical or personal information
3. Decide with Dr. best time for emergencies.

Dentist

1. Share comments from yesterday's TLC (Tender Loving Care phone calls).
2. Share any patient emergency calls that came in after hours.
3. Let the front office know of any important calls coming in today.

All records should be reviewed the day before to keep the meeting brief. Assistants and hygienists use the Pre-planning Sheets as a guide for their patient record review. Everyone can make their pertinent notes on their copy of the schedule so that when it is your turn in the Huddle, you are READY to report.
Fabulous Step # 5 - How to stay on Time

1. Determine the REAL time for procedures – Time Audit time

Phase One: Audit chair time only
   Audit hygiene exam time
   Audit hygiene time each patient

Phase two: determine Dr./Asst time for each procedure.

Standardize hygiene appointments:

Children under 5
   pro + FL
   pro + BWX

Children 5 – 12
   pro + FL
   pro + BWX
   pro + pan

Children 12 – 18
   pro + FL
   pro + BWX
   pro + pan

Adults
   pro only
   pro + BWX
   pro + FMX
   pro + Pan

Perio
   1 quad RPC
   2 quad RPC
   perio maint.
   Anes
   Debridement

New patient
   Child
   Teen
   Adult
**Fabulous Step #5  Prevent Broken Appointments.**

Goal  = Dentist less than 5%  and  Hygiene less than 8%.

Cancellations and changes can kill the production - take a tactful, firm, professional yet compassionate, stand about changes and cancellations.

**Broken Appointment defined:** a “no-show,” appointment change without 24 hours notice.

**Acceptable Cancellations** -

**Unacceptable Cancellations** -

**Broken Appointment #1**

**Script:** (Friendly voice) "Mr./Mrs. Patient, it sounds like you are very busy at work (fill in others by repeating their excuse). So that I can be sure the Dentist and the Hygienist are informed about this change and I can record it in your chart, let me be sure I have the details correct."

"Mrs. Patient, I’m concerned that we did not have 24 hours’ notice of this change of appointment. There are other patients who are on a waiting list for appointments. The only appointment I have available for you will be in several weeks."

**Action:** Make note in the chart and beside their new appointment.

If you do not reach them by phone, send a Broken Appointment Letter.

**Broken Appointment #2**

**Script:** "Mr./Mrs. Patient, sounds like you are really having a problem with (fill in the blank). Some patients have a difficult time keeping a reserved appointment and, for them, we have a special Quick Call List. We will give you a call when there is a change in the schedule or you can call us on a day when you are sure that there is a sitter available." If the patient insists upon another reserved appointment, they can have one if they prepay or make a credit card guarantee for the appointment.

Suggested amount:  
$50 - $75 for Hygiene appointments  
$250 - $500 for Dentist appointments


Send a Broken Appointment Letter to patients you do not speak to.
Keeping the Dentist’s schedule Productive:

“Good news! We can get you in today at 3:00 for your crown appointment!”

HAVE A DENTAL OFFICE FIRE DRILL!

Fill Openings in the Schedule

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 

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**Fabulous Step #5A  Prevent Hygiene Broken Appointments.**

**Keeping the Hygiene Schedule FULL**

Maximize Daily Production by having a Hygiene patient in EVERY hygiene appointment available EVERY day.

**Rule of Thumb** – For every full time hygienist, you need 2 -3 hours of dedicated time from a business/admin person to work on hygiene productivity and recall retention. Their main priority in this time is to be sure the hygiene schedule is full. That involves recall system management, confirmations and refilling any holes that open up. Once you have two full time hygienists, this is one business person’s main focus, with other duties as secondary.

The main sources for filling the hygiene schedule are:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

**IT IS EXPENSIVE TO PAY HYGIENISTS TO DO RECALL.**

HOWEVER: Every hygienist should be trained to run the overdue report and help when they do not have a patient.
<table>
<thead>
<tr>
<th>Your Practice Recall System</th>
<th>Fabulous Recall System</th>
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<tbody>
<tr>
<td>Current Reality in your</td>
<td></td>
</tr>
<tr>
<td>Recall System</td>
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</table>
To Get to Fabulous – You have to know the Truth: Analyzing the Health of Your Recall System

The first place to begin any system change is with an objective analysis – Get to the Truth. “Crunch the Numbers” for your hygiene department and your treatment acceptance.

INSTRUCTIONS FOR CALCULATING HYGIENE DEPARTMENT BENCHMARKS

Crunch Your Numbers

I. Recall effectiveness:

Calculation: Number of prophies (ADA codes: 1110, 1120, & 4910's) for a six-month period divided by your active* patient number. This will yield a fraction; multiply the fraction by 100 to get your percentage.

\[
\text{# Prophies in 6 mos.} = \frac{\text{active Patient #}}{\text{Active Patient #}} \times 100 = \text{______} \%
\]

*Active patient is defined as one seen within the past 18 months.

Benchmark: 75 - 80 %  
Your Practice = _______ %

Perfect World? = 100% recall retention

Gather Data: __________________________________________

_____________________________________________________

Caluculate: _______________________________

___________________________________________

Remember: The largest room in the house is “the ROOM FOR IMPROVEMENT!!”
Have an Eye Opening Staff meeting with this worksheet. Ask everyone review patient records at random. Assign a different alphabet letter to each staff member. You'll be surprised.

Audit 100 charts or records in the computer at random – 10 from different letters in the alphabet. Make hash marks to count the following situations:

**Recall Audit Worksheet**

_______% - current in recall

_______% - overdue for recall

_______% - Emergencies or never had a recall appointment, but have teeth and could have had a hygiene appointment.

_______% - denture patients
II. **Hygiene Production Analysis** - ratio of hygiene production as a percent of the total practice production for a specific period of time, for example 6 months.  
**Calculation:** Take the total hygiene production for a six-month period and divide it by the total practice production. This will yield a fraction; multiply the fraction by 100 to get your percentage.

\[
\frac{\text{Hygiene Production total}}{\text{Total Practice Production}} = \text{____} \times 100 = \text{____}\%
\]

Benchmark range 20 - 30%  Your Practice = _____ %

**Example:** Hygiene Production Analysis: **July - Dec. 2014.**

\[
\text{Hygiene production} = \$ 97,428 \\
\text{Total Practice production} = \$ 463,136
\]

Example practice = 21.0%
**III. Hygiene Perio Analysis** - ratio of perio procedures (ADA 4000 codes) done by hygienist(s) as a percentage of hygiene production

**Calculation:**

\[
\text{Perio Procedures total} = \frac{\text{_______}}{\text{Hygiene Production}} \times 100 = \text{_____}\% 
\]

**Benchmark range 25 - 30%**

**Your Practice = _____ %**

Divide the total hygiene production (less the exam fee) into the total perio procedure production. Then multiply your fraction by 100 to get your percentage.

Perio Analysis Example: **July - Dec. 2014.**

- Perio (hygiene) Production = $2,400
- Hygiene Production = $97,428

Example practice = 0.0246 X 100 = 2.46 %

**Variables:**

- __________________________
- __________________________

**GOT Perio Training?** Unless your practice has had a formal Periodontal Therapy Training, this number is generally lower than the benchmark. A low perio percentage often goes hand-in-hand with low recall percentage.

A formal periodontal therapy program helps __________________ appointment.
IV. Hygiene Openings Rate – BA, CA and unfilled appointments

Calculation: Open hygiene appointments are the number of BA/CA’s (less than 24 hour’s notice) and unfilled appointments divided by the number of hygiene appointments available in the month.

Open hygiene appointments = _______ x 100 = ______%  
Number of hygiene available appointments = 

Benchmark = 5-7 % or less  
Your Practice = _____ %

Instructions: Keep your END-OF-DAY schedules for this calculation. Here is an example of the impact of open time in hygiene.

Hygiene Broken Appointments

→ $ __________ average production per patient

1-3 BAs per day x 200 days per year = $ __________

Example: Harriett Hygienist averages $91 per patient

Has 2 BAs per day on average

$91 x 2 = $182 x 200 = $36,400 lost Revenue
Fabulous means closing Your GAP !!!
Goal Setting for YOUR Hygiene Department and Recall System

<table>
<thead>
<tr>
<th>Current</th>
<th>Goals</th>
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<tbody>
<tr>
<td>Recall %</td>
<td></td>
</tr>
<tr>
<td>Hygiene to Practice Ratio</td>
<td></td>
</tr>
<tr>
<td>Perio % of hygiene</td>
<td></td>
</tr>
<tr>
<td>BA/CA %</td>
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</table>

"People with goals succeed because they know where they are going. It’s as simple as that."

Earl Nightingale
1. The Hygiene Appointment must have VALUE TO THE PATIENT!!!!!!
   Clinical and Communication are personalized to THIS PATIENT

2. Fail Proof Administrative component for Recall.

   False belief about Recall:
   ____________________________________________________________

   How could a dentist and his/her team DE-Value the hygiene appointment??

   1. __________________________________________________________
   2. __________________________________________________________
   3. __________________________________________________________
   4. __________________________________________________________
   5. __________________________________________________________
Conversation:

75% ___________ 25% _______________

Five Essential for the Adult Hygiene Exam

1. OCE – beyond the eye – Veloscope, Visalite
2. Perio – new diagnostics and assistants
3. Restorative – translumination, diagnodent - Choices
4. Home Care – Choices - STOP the floss insanity – nutrition?
   a. Gingivitis identified and treatment
   b. Perio protocols – treat here or referral?
5. Pictures – IO always!! Take home pictures

Tell ‘em what you are doing.
Tell ‘em what the results are
ASK their input on solving any present problems.
Fabulous adult hygiene treatment

1. Ultrasonic - Get the biofilm!!!
2. NO _______
3. Choices
4. Refresher – What’s that?
5. Personalizes __________ for return interval and appointment – recorded in the record and on the appointment card.

EVERY ADULT PATIENT AT EVERY RECALL APPOINTMENT SHOULD HAVE A PERIODONTAL SCREENING AT THE BEGINNING OF THE APPOINTMENT.

Five Essentials for a Fabulous child hygiene appointment

1. _______ first with disclosing!! Always!!!
2. Healthy nutrition, snacks, etc.
3. Decay/sealant need - diagnodent
4. Eruption pattern/ortho referral??
5. __________________
   – have her there for the Dr. exam
Fabulous Dr. RECALL Exam Essentials

Communication Excellence!
Connect - Position – Attitude - Question
1. OCE – four eyes are better than two!!
2. _______ exam BEFORE restorative
3. Restorative
4. Ask and Show - x-rays comment - position
5. RX – specifically recall interval, treatment plan

### Talk Over Exam

Talk Over Exam: ____________________________________________
_________________________________________________________

Changing a routine is never easy. Write the benefits of the Talk Over Exam.

**Benefits?**
Fabulous Recall System - Administrative Role

Start the patient off on the RIGHT RECALL FOOT

- **Send**
  _______________________________________________________________
  _______________________________________________________________

<table>
<thead>
<tr>
<th>Appointments:</th>
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<tbody>
<tr>
<td>Our appointments are scheduled to respect your time. We reserve a specific time for your child’s care and we make every effort to see your child at that appointed time. We appreciate your promptness and consideration in not changing your scheduled time. However, if you do need to change an appointment, a 48 hour notice is expected.</td>
</tr>
</tbody>
</table>

Thank You for your cooperation!

- **Have** a script to communicate to new parents the practice philosophy about Recall/Recare.

  Sample Dr’s script about recall compliance:
  “Mrs. New Parent, current research shows that your child’s dental health is tied to his/her overall health. I have found that our patients who stay in compliance with recommended interval for their dental health appointment (professional examination and prophylaxis) are able to enjoy the benefits of a healthier mouth, early detection of any problems and a consistent review of existing dental restorations. One of the greatest gifts you can give your child is consistent dental care which sets a pattern they can continue into their adult life. ”

- **Send** or give _______________________________________________

- **Have** the dentist establish guidelines for appointments. The dentist can communicate best to the patient about the time required for the procedure. Ask patients to call ahead - 24 hours - if there is any reason they cannot come for their reserved time.
Fabulous Recall Scheduling

Your Schedule may include these types of patients:

The Reliable
__________________________________________________________________
__________________________________________________________________

The Occasionally Reliable
__________________________________________________________________
__________________________________________________________________

The Unreliable
__________________________________________________________________
__________________________________________________________________

Schedule Recall Appointments in advance
for___________________________________________________ patients only.

Do not pre-appoint the unreliable patients. Send them a reminder card and place them on the short notice call list.

Call the Unreliable patients the day of, or the day before an available appointment. Send them a reminder card and place them on a short notice call list.

Confirmations

Confirm _____________________________

Ask
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

e-mail confirmation – Many of the newer software programs allow you to e-mail your patients for confirmations. In the future patients will be able to log on to your website to confirm their appointments. If you serve a white collar parent group, keep track of these advances and implement them as soon as available on your software.

Leaving a message is not a confirmation!
Recall System Checklist

Daily - 1st after the Huddle:

_____ Review report from the electronic reminder system or confirm ALL hygiene appointments - 48 hours in advance
_____ Call all of the patients not reached by your electronic reminder system.
_____ Coordinate patient pre-med when confirming.
_____ Create an ASAP list in the computer of all patients who cancel their appointment.
_____ Fill openings in the hygiene schedule. Use your text messaging system.

**During the day:**

_____ Call (or be sure the RDH calls) late hygiene patients within 10 minutes of their appointment
_____ Record broken, canceled, missed appointments in the patient record and ledger. Hygienist who last saw the patient should call during any down time.
_____ Call patients who are due this month but do not have an appointments and queue them to be emailed or text sent from your electronic system.
_____ Update any address, insurance changes, emails and text options for all the hygiene patients who come in.
_____ Track number of ALL patients who request records or leave the practice
_____ Keep track of recall patients scheduled and recall patients seen each day to track open time.
_____ Call overdue patients using the *Patient Renewal Script*
_____ Call, text or email all patients who are not confirmed before day end.

**Weekly**

_____ Each week send reminder cards, email or text to patients due in 2 weeks.
_____ **Week One** of the month: Send an Overdue Recall card, email or text to patients due but not seen the prior month.
_____ **Week two:** Send *Overdue Recall Letter #1*, email or text to patients not seen 2 months prior.
_____ **Week three:** Send *Overdue recall letter #2* (have the hygienist who last saw the patient sign and customize the letter before sending. Send to patients due but not seen in 3 - 4 months prior.
_____ **Week four:** Send the recall Letter with survey to patients not seen in 5 months prior
_____ End of the month: Send Reactivation Letters to any patients not seen in over 6 Months. Once the reactivation letter is sent, this is noted in the patient record and the patient is inactivated.

**Monthly**

_____ Calculate the Recall % for the month and open time percent
_____ Record the number of patients that you send Reactivation letters.
Fabulous Financial Arrangements - Getting Paid from the Beginning

1. **First telephone call** – Use a script and gather information in the computer OR on a Telephone Information Slip.

2. **Patient Registration** should include critical information to prepare you to collect a delinquent account.
   - Guarantor’s full legal name
   - Patient’s full name
   - Patient’s date of birth
   - Full street address – NO PO Boxes
   - Home, work and cell phone numbers for patient AND guarantor
   - Patient AND guarantor place of employment with telephone number
   - Insurance carrier, policy number, group number
   - Patient AND guarantor’s SSN
   - Spouse’s name, place of employment and phone number of employer
   - Name and telephone number of a person to call in case of emergency that does **NOT live** with the patient.
   - Verbiage** on the patient registration that shows you intend to collect what is owed to you. **Sample ONLY of required language to aide you in collection of the Debt PLUS the collection fees. Check with your state laws or Legal advisor to see if any additional verbiage is necessary.**

3. Patient arrival and initial visit protocol.
   - Copy the patient’s driver’s license
   - Copy the patient’s Primary and Secondary insurance cards. If there is not a card the verification must be done online.

4. **Write and Utilize your Practice Financial Protocol**

   Every practice must define for their Standard procedures how financials will be handles in the practice. The foundation is the following document to use for training and consistency.
Practice Sample Financial Protocols

1. **Initial (non – emergency) visit** –
2. **Insurance verification** - Before a patient's first visit: call or go online to verify the patient's coverage and benefits. Complete the Insurance Information Log and put a copy in the patient's chart. If computerized, complete Group/Employer/Claims Office screens. Gather data from the patient at the initial phone call to facilitate the call to the insurance company. Data necessary is:
   i. Policy holder's name, Social Security Number, DOB
   ii. Employer's name
   iii. Insurance Carrier and their phone number or website
   iv. Policy or group number
3. **Emergency patient first visit**
4. **Hygiene visits** - Note: Perio procedures are subject to deductibles and UCR %.
5. **Financial arrangements for insurance patients** - Patients with insurance are asked to pay their estimated portion of the fee at the time of service. (This estimated portion can be put on the patient’s credit card). Or the patient can sign the Credit Card Authorization to have the unpaid portion put on their credit card.
6. **Payment Plans** - Patients who request a payment plan have two options:
   A. Payment plan through the patient’s credit card.
   B. Payment plan through the practice’s in-office financing partner.

<table>
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<tr>
<th>Why have Financial Options for your Patients?</th>
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DISCOVER

American Express

MasterCard

VISA

CareCredit

Increase Treatment Acceptance
Financial Arrangement Options

Patient Name______________________________________ Date ___________________

The fee for this treatment is $_______________

To assist you in having the best dental care, we have several ways to help you with your dental care budget:

- **Payment in full**
  A bookkeeping courtesy of 5% or $________ is given for direct payment in full at start of treatment by cash or check resulting in a one-time payment of $________. This payment is due 3 days before your first appointment.

- **Flexi Pay Payment Plan with Your Credit Card**
  I authorize Dr. __________ to keep my signature on file and to charge my

  □ Visa®   □ American Express®
  □ MasterCard® □ Discover® account for
  Monthly payments of $________ on the _____ of each month.
  Payments beginning ___/___/___ and ending ___/___/___.
  I understand that this Payment Consent is valid through the dates stated above unless I cancel the authorization through written notice to Dr. ____________.

  Patient name: ___________________________________________________
  Cardholder name: _______________________________________________
  Cardholder address: ____________________________________________
  City: ____________________________ State: _________ Zip: ____________
  Account number: ____________________ Expiration date: ___/___/___
  Cardholder signature: __________________________ Date: ___/___/___

- **3, 6 or 12 Months Same As Cash – Care Credit®.**

- **Pay as you go**
  An initial payment of fifty percent (50%) or $________ is due to the office when treatment begins. The remaining balance of $________ is due upon completion.

  Patient signature: ______________________________ Date: __________________
6. **Secondary Insurance** - The practice does not file for secondary coverage. This requires giving the patient a copy of the insurance form on the day of service and asking them to file for their secondary payment once they receive the EOB from their primary insurance carrier.

7. **Children of divorced parents** –

8. **Divorce / Separation** –

9. **Removable Prosthetic Patients** - Dentures and partials must be paid for completely by the insertion appointment. Collect 30 - 50% at the initial impression appointment. The balance must be completely paid by the delivery appointment. Patients needing special arrangements can make payments ahead of their appointments, or divide balance by remaining appointments. Collect final payment prior to seating of the patient.

10. **Crown and Bridge Patients** - Patients usually pay a minimum initial payment of 30 - 50% of the total at the prep appointment or half of their estimated insurance payment. Patients can also be on a payment plan as in #6.

11. **Broken Appointment Charge** - Patients who have broken (do not give 24 hours notice of cancellation) more than two appointments within the last 90 days will be asked to make a $50 deposit before the office will schedule another appointment or the patient can give the office a credit card guarantee. The deposit will apply toward the fee for the services rendered, however it is non-refundable. The appointment will not be made until the $50 is received.

12. **Courtesy Savings** - Patients who prepay with check or cash for a full treatment plan over $__________ receive a ___% courtesy saving. Patients with insurance must prepay the entire amount and receive reimbursement from their insurance company.

14. **Special Arrangements**: List here any patients who receive a special financial arrangement, courtesy or professional savings or are “No Charge” patients.

   Examples: Family members of Dr. or staff  Clergy or other doctors
   Barter patients         Health care professionals
   Senior Citizen discounts   Special advertising discounts

Make a Patient Friendly version of Your Financial Protocols for your website -
Telephone Information Slip

Date: ________   New Patient: ___  Pt. of record: ___  Emergency Pt: ___

"Welcome to our practice! We are so glad you called Dr. ___________!"

“How did you find out about our practice?”

Patient Name: ___________________________________ Child?: ____ Age: ____

Pronunciation: ____________________

Chief complaint (in their words) ___________________________________________

Emergency Patient Questions:

 Discomfort How long? __________ Where? ______________
 Lost filling / broken tooth? How long? __________ Where? ______________
 Denture / Partial Problem
 Gum Problem How long? __________ Where? ______________
 Crown / Bridge How long? __________ Where? ______________
 Other ______________ How long? __________ Where? ______________

Non - Emergency Patient Questions:

 How long since last dental exam & cleaning? _____ Where? ______________
 Last FMX / Pan taken? __________ Where? ______________ Available? _______

Appt. Date & Time ____________ Fee Est.?_________

“So you will be prepared for your first visit, the fee is between $_____ and $_______.”

Patient was told _______________________________________________________

Premed? ____   Pharmacy ___________________ Phone: __________

"Will you need our assistance with any insurance coverage?"

Insurance: Yes___ No____  Policy holder: _____________________________

Policy holder's SS#__________________ Employer: __________________________

Policy holder's D.O.B. _______________ Patient's D.O.B. _________________

Group or policy #___________________ Insurance Co: ___________________

Ins. Co. Toll free phone #____________________

"To save you some time at your first visit, our website has a Welcome Packet and all of the
registration forms. Or, I can mail these to you."

Address: ___________________________________ Phone: __________(H)
City, State, Zip: ___________________________ Phone: __________(W)
E-mail address: __________________________ pager #____________________

"Mrs. Patient, we look forward to seeing you on ________. Is there anyone else in your
family that I might schedule an appointment for today?"

Comments: ___________________________ Staff member:

_________Welcome Packet sent: Date: _______ by:
Important Information

For Our Patients

Dental Insurance:

We are glad to assist you with your dental insurance plan. To help us assist you in obtaining your maximum benefit, please bring your insurance card. Once your plan coverage has been verified, we will accept assignment of payment from your insurance company. Most plans cover only a portion of the dental fee, which means you will be responsible for your deductible and the portion we estimate your plan will not cover. Payment of your estimated portion is expected at the time you are in our office for dental care, unless prior arrangements have been made.

Payment Options:

For your convenience, we accept Visa, MasterCard, Discover, American Express and personal checks. Our extended payment plan is available through Care Credit.

Appointments:

Our appointments are scheduled to respect your time. We reserve a specific time for your care and we make every effort to see you at that appointed time. We appreciate your promptness and consideration in not changing your scheduled time. However, if you do need to change an appointment, a 48 hour notice is expected.
Prepare ahead for Financial Arrangements

Know as much as possible about the patient's financial history and about his/her insurance coverage.

Prepare the patient to pay you.

New Patients

1. Gather the patient’s insurance information on the *Telephone Information Slip.*
2. Call or go online to verify coverage and complete the *Insurance Information Log.*
   Or Use an insurance database (See Resources)
3. Inform the patients about the practice financial protocol. Have on your website a Welcome Package with the patient information about the practice financial policy.

Returning Patients:

1. Print out or review the Routing slip the day before to review the status on ALL patients.
2. Customize the Routing slip by using colored pens to circle the following:
   - **Red** - Account overdue
   - **Green** - Insurance benefits remaining
   - **Purple** - Patient or family member overdue in recall
   - **Yellow** - Any notes that need attention.
   OR make notes to inform the team at the Morning Huddle about the financial status of the patient.
3. Before making an appointment, have a financial discussion with the patient.
   - Simple procedures the co-pay or fee can be written on the appointment card.
   - Larger treatment plans need a private discussion with a signed financial agreement.
Sample New Patient Insurance Registration Form

Understanding your insurance coverage can be challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage which fits the company budget. Each plan is slightly different with lower premium plans covering fewer services and lower fees for services. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

Our courtesy service to you includes:
1. Filing your insurance within 24 hours of your visit and requesting payment of your benefits to our office.
   1. Electronically filing your insurance for short turn around.
   2. Researching your dental insurance plan to best advise you of benefits available to you.
   3. Re-filing your insurance a second time at 30 days and a final time at 45 days.
   4. Following the American Dental Association guidelines for coding procedures and filing insurance.

Our expectations of you as the owner of the policy:
1. Payment of fees not covered by your insurance plan at the time the service is delivered.
2. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
3. Taking responsibility for payment if the insurance company does not pay our office within 60 days.
4. Keeping our office informed of any changes in your insurance coverage or employment.

To assist us in obtaining your benefits, Please sign the “assignment of benefits” below to allow us to file your insurance claims. Also, please have your insurance card ready for us to copy for our file.

I hereby authorize Dr. ___________ to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Dr. ___________. I understand I am responsible for any unpaid balance.

_______________________________________  Date________________
Signature of Patient/Insured
Insurance Information Log

Date: ___________________________________ Staff Initials: ______________________

Employer’s Name: ___________________________ Phone # (______) _______________
Address: ___________________________ City: ________________ State: _____ Zip: ______

Contact Person: ___________________________ Ext. ______________

Insurance Company Name: ____________________________ Ins. Co. # ________________
Claims Address: ___________________________ Phone # __________________________

City: ________________ State: _______ Zip: ______

Group/Policy #: ______________ Fee Schedule? Yes____ No __________

Individual Yr. Max. $ _______ Family Max. $ _______ Renews when? ________________

Individual Deduct. $ _______ Family Deduct. $ _______ Child age limit: ________ Eligibility date: _________

Waiting period for major: ________________ Limitations? ________________ D.O.B Insured___________ D.O.B. Pt.___________

(Please Note Special Provisions on Back)

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<tr>
<th>Type of Procedure</th>
<th>PERCENT (%) OF UCR</th>
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<td>Radiographs FMX Interval</td>
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<td>Oral Surgery Medical Coverage</td>
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<td>Ortho Maximum $ ___________</td>
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Notes:
**PATIENT ROUTE SLIP**

**PATIENT INFORMATION**

**PATIENT NAME:** Brent L Crosby  
**ADDRESS:** 69 E 700 N  
**P.O. Box:** 110  
**Gren, UT 84057**  
**HOME:** ( ) 225-5989  
**WORK:** ( ) 225-6600  
**EMPLOYER:** Signetics Corp.  
**SOC SECURITY NUMBER:** 934-56-4933  
**MEDICAL ALERTS:**  
**PRIMARY PROVIDER:** DDS1  
**SECONDARY PROVIDER:**  
**LAST VISIT DATE:** 12/14/2000  
**YEARS AS A PATIENT:** 6  
**LAST PROPHYLAXIS:** 09/21/2007  
**BITEWINGS:** 09/22/2008  
**MISSING AMPT:** 0  
**LAST APPT:**  
**LAST REFERRED BY:**  
**# REFERRALS:** 0  
**LAST REFERRAL:**  
**LAST GRATUITY:**

**ACCOUNT INFORMATION**

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<th>PAYMENT DUE: NA</th>
<th>0.00</th>
<th>0.00</th>
<th>0.00</th>
<th>292.00</th>
<th>0.00</th>
<th>209.00</th>
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**INSURANCE INFORMATION**

**GUARANTOR NAME:** Brent L Crosby  
**ADDRESS:** 69 E 700 N  
**P.O. Box:** 110  
**Gren, UT 84057**  
**HOME:** ( ) 225-5989  
**EMPLOYER:** Signetics Corp.  
**SOC SECURITY NUMBER:** 934-56-4933  
**ACCOUNT NUMBER:**  
**PRIMARY CARRIER:** Metropolitan  
**GROUP NUMBER:**  
**MAXIMUM BENEFITS:** 1500.00  
**BENEFITS USED:** 0.00  
**BENEFITS REMAINING:** 1500.00  
**CO-INSURANCE:**  
**DED DWED DED:**  
**PREV. BASE:**  
**PREV. BACo:**  
**PREV. MAJoR:**  
**PREV. OTHoR:**

**SECONDARY CARRIER:**

| PRIMARY CARRIER | METROPOLITAN  
|-----------------|---------------|

**PATIENT ROUTE SLIP**

**APPOINTMENT INFORMATION**

| APPT DATE: | 09/21/2007  
| TIME: | 9:00am  
| SCHEDULED TIME: | 120 Minutes  
| OPERATORY: | OR-2  
| PROVIDER: | DDS1  
| APPT STATUS: |  

**NOTES**

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**TOTAL:** 1771.00

**DATE**

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©DENTRIX 1997-2008 DENTAL
1. Review

2. Explain

3. Quote

4. Ask

5. Review

6. **Formalize** the agreement *in writing*.
   1) Have the patient sign the treatment plan.
   2) Have the patient sign the Financial Agreement.
   3) Inform patient of Broken Appointment Protocol.
**FINANCIAL STATISTICS REPORT CALCULATIONS**

**Collection %**

- **Benchmark = 97 - 98 %**

**Calculation:** Total of the past three months’ collections (receipts) divided by total of the past three months’ production. *If there are any adjustments to production, subtract them first.*

<table>
<thead>
<tr>
<th>Month</th>
<th>Collections</th>
<th>Production (*adjusted)</th>
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<tbody>
<tr>
<td>______</td>
<td>___________</td>
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</tr>
<tr>
<td>______</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

Total = ___________ (C) ___________ (P)

\[
\frac{(C)}{(P)} = \frac{\text{Collections}}{\text{Production}} \times 100 = \text{%}
\]

**Accounts Receivable Ratio**

- **Benchmark = 1.0 - 1.2**

**Calculation:** Divide the previous three months’ average production by the current Accounts Receivable Total. List Total Accounts Receivables, less credits.

Total Accounts Receivable = $ ___________ = ___________ A.R. Ratio

Three months’ Avg. prod. =

**Accounts Receivable Aging Report**

**Benchmark - 90 days** no more than 10% of total Accounts Receivable

**Calculation:** Divide the total in the 90 days category by the current Accounts Receivable Total. Then calculate the percentage by multiplying the result by 100.

\[
\frac{\text{90 days} \ \__________}{\text{divide by AR Total} = \___ \times 100 \___\%}
\]

**Insurance Aging Report**

**Benchmark - no insurance balance over 90 days.**

**Calculation:** Print the Outstanding Insurance Report or the Unpaid Insurance Report - Query the report for over 90 days.

90 Days $ _______ Benchmark is “0”
OBJECTIVES OF AN EXCELLENT INSURANCE SYSTEM

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

HOW INSURANCE REALLY WORKS

Things Mother never taught you about UCR

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Resources:

Insurance Coding – *CDT Code book* American Dental Association; 312.440.2768

Insurance Electronic Database:
One Mind Health- (866) 633-1090; onemindhealth.com

Coding with Confidence AND “Insurance Solutions” newsletter - charles@drcharlesblair.com; (866) 858-7596
Fabulous Steps to a HASSLE FREE Insurance System

1. **Post** the dental services rendered for each patient in the treatment area. As the patient checks out, queue the insurance claim to batch.

2. **File Claims and attachments Electronically** -

   *Schedule* a consistent time each day to send your electronic claims. Create the attachment and the code number to include on the claim. It is often a good idea to send the claims at a non peak time to avoid a busy signal at the clearing house. You can schedule the transmission to occur during the night.

3. **Review** the report from the electronic claims submission from the previous day to correct any errors and resubmit any revised claims.

   **Rejected Claims:**
   
   If any claim is rejected, the computer lists the specific claims that were rejected and provides an explanation. Make the necessary corrections and then “re-submit” the claims. Details on making the corrections are available from your computer software vendor. **Be sure as you correct claims, that you know the process to NOT be billed again for the claim submission. Check this with your clearing house vendor.**

4. Post Insurance Checks daily:

   *Usual and Customary:*
   
   There are **TWO** reasons **NOT** to change the estimated insurance coverage.
   
   1. ________________________________
   2. ________________________________

   **When you build the Usual and Customary or the Actual Reimbursement fields you are changing the amount for the entire group plan, not for that one individual.**

3. **Balance** your insurance payments.

4. **Close** any claims that have had a denial of payment. Post a user defined

5. **Send** a statement to patients whose insurance has denied payment.

6. **Send** statements to patients who have a balance
What to do with EOB’s

EOB’s can be stored by two methods:
1. Staple the day’s EOB’s to the day sheet and file chronologically. Keep 6 months in the office. Age the older ones out to an off site storage area.
2. Scan, store in the documents area for the patient under the date of service and then shred the EOB.

When patient inquires about payment of a claim:
Look up the patient’s account history to obtain the day payment was posted and the user defined code gives you information about the reason for a smaller than expected payment. If you need the EOB for any reason, locate the day sheet of the day the payment was posted and review the attached EOB.

Secondary insurance:
Copy the EOB and attach it to the claim. Mark the claim “Primary has paid. You are the secondary carrier.” Send the copy of the EOB and the claim to the patient. If you are required through a PPO plan to file the secondary, then you must do so.

**Anticipate what the insurance company wants. Know the rules of engagement in the game!!**

1. For build ups more than 50% of the tooth structure needs to be involved – CLEARLY visible on an x-ray or IO camera picture.
2. For cracked teeth without a radiographic evidence be prepared to send an IO camera picture with translumination to show the crack. Try using the composite light if you do not have a translumination light.
3. Use an attached narrative and use obnoxious detail. Keep it easy by having your Dr. dictate the most common scenarios and create a form letter to edit quickly.
4. For endodontically treated teeth that you are submitting for a crown, put that the tooth has had endo in the narrative area.
5. Periodontal therapy WIL NOT be paid unless you show 5mm attachment loss AND radiographs that show bone loss. Annotation helps!
Proven Ways to Speed up Insurance Reimbursement

1. **Send accurate patient data.** Include all patient information: full name, full address, birth date and relationship to the insured person.

2. **Send accurate insured data.** Include the insured’s social security or ID number, birth date and group number.

3. **Send accurate provider data.** Include full address, area code, zip code, etc.

4. **Indicate** whether the cast or removable prosthesis is initial placement or a replacement. If the prosthesis is over five years old, and there is a record of it with the carrier, the claim may get paid sooner.

5. **Supply additional information as briefly and succinctly as possible** when you perform an unusual or difficult procedure and charge a higher fee for the service. Send supporting data. Unless you are on a contract, you can charge your own fee.

6. **X-rays, Perio Charts and Electronic Claims -** Many carriers pay claims without supporting materials. To determine which carriers are fussier and require supporting materials, initially, send ALL claims electronically. Monitor the companies that consistently request x-rays or other supporting documentation. If they insist on supporting documentation, your dental software allows you to print the claim on demand. Digital x-rays, scanned x-rays and periodontal charts can be transmitted electronically by using a service such as **National Electronic Attachment.** For more information go to: www.nea-fast.com

7. **Send readable, diagnostic x-rays:** no incorrect exposures, no over- or under-developed, no overlap. Create a practice protocol to take pre-op films as a STANDARD. Do not rely that the last bite wings will do.

8. **Send the correct films.** Be sure the tooth that you are treating is obviously and clearly visible.

9. **Do not** send x-rays to the insurance company for basic procedures.

10. **Send well-marked panoramic x-rays:**
    A. Mark the right and left sides of the x-ray.
    B. Send diagnostic bite wings with the panoramic x-rays.
C. Take good anterior films when submitting a claim for anterior crowns, include incisal angle.

12. Use correct five-digit ADA codes on the claim form. Order the most current CDT (Current Dental Terminology and codes) book from the ADA. **Code what you do – NOT what gets paid!!!**

13. Take and send intraoral camera or digital pictures to support your treatment plan when the treatment recommended is not CLEARLY evident on an x-ray. This is especially important if you have an involved prosthetic treatment plan.

14. Do not send bitter or offensive letters to consultants. Stick to the facts and send supporting evidence of the reason for your treatment.

15. Do not submit obvious cosmetic services. Cosmetic services are not covered under dental insurance by law!

16. Do send a narrative when the radiographs or other data does not show CLEARLY to need for the procedure.

Crown, Bridge and Partials VITAL Information

For our practice to be paid by insurance this information is VITAL.
Complete this form at the prep or initial impression appointment.

Is this initial placement? _____ Yes _____ No
If “NO” date of prior placement: _______________
Reason for replacement: ________________________________
Tooth numbers that are being replaced: _______________________
Date of extraction of the tooth(s): ______________________________

Take digital x-ray or double film PA of the area/tooth. Show the apex of the tooth/teeth to be crowned. In the digital file, identify the tooth to be crowned when you save the x-ray. Attach one film to this form with: Patient’s Name - Date of the x-ray - Doctor’s Name and Address

Crown, Bridge and Partials VITAL Information

For our practice to be paid by insurance this information is VITAL.
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Is this initial placement? _____ Yes _____ No
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Six Steps to Fabulous Collections

1. Inform before you perform.
   Be sure you have made written financial arrangements with every patient for every procedure. Remember – even for the smaller procedures – write the amount due at the appointment on the appointment card. Good collections ALWAYS start with this step!!!

   “Mrs. Patient, your next appointment is for a crown. The fee for the crown is $850. As a Courtesy to our patients, if you pay for the crown today or at the next appointment when Dr. Smiley is doing the crown preparation, we can extend a 5% bookkeepers savings. That would be $807.”

   PAUSE AND SAY NOTHING!!!
   If the patient says “No, I can’t do that.” Respond with, “Mrs. Patient we also accept all of the major credit cards. At your next appointment we can put ½ of the fee and at the appointment when you receive your crown we can put the other ½ of the fee.”

2. Send – mail or email statements consistently every month - Divide billing into 2 or 3 batches to keep cash flow coming in throughout the month. For example, mail statements on the 1st, the 10th and the 20th of the month; each time send statements to 1/3 of the alphabet.
   OR use cycle billing every week of those who have not been billed within 30 days.
   ✓ Statement Checklist
      ✓ Have a place on each statement for the patient to pay you by credit card.
      ✓ Send statements even if insurance payment is pending and be sure all of your follow-up steps are posted to their statement.
      ✓ Be sure every statement has a due date.
      ✓ Sort statements - Put a note, stamp or sticker on 60 day old balances. "Past due. Please remit."

✓ Send a statement immediately after insurance pays or denies payment and there is an outstanding balance - or send a form letter with the balance due.
3. **Follow-up on OVERDUE balances with a Courtesy Call.**

☑ Call patients who do not respond after 15 days of their Second statement without a payment. The account is now 60 days old. This call is your professional attempt to re-negotiate their financial arrangement. The goal is a payment within 10 days. Utilize your Aging Report to track Financial Arrangements.

4. **Send Collection Letters in a timely sequence.**

☑ Send Collection Letter # 1 10 days after the call if no payment has been received.

☑ Send Collection Letter # 2 10 days after Letter #1 if no payment has been made.

5. **Send a FINAL notice**

☑ Send Collection Letter # 3 10 days after Letter # 2 if no payment has been received. This is a final notice/letter the office will send. Send certified mail with return receipt requested.

6. **Turn the account over to a third party collection agent.** Once you have completed all of your steps and you still have no payment:

   ___ Collection attorney
   ___ Collection agency
   ___ Small Claims Court
   ___ Write-off small balances (under $50)
   
   Use the ADA Guidelines to dismiss the patient from your practice.

**Small Claims Court:**

Many smaller counties have very effective small Claims courts. Many larger counties are too overburdened to be very effective. This is a try it out process.

1. Check with your local county court and have on hand their version of *Complaint/Demand for Judgment*
2. File the form and pay the filing fee.
3. Wait the waiting period for the debtor to appeal.
4. Once you have the judgment in your favor you can file for garnishment.
**Collection Attorney:**

When the amount of the unpaid debt is over $1,000, an attorney can be your best option. Ask your practice’s attorney if they handle bad debts and if not, who they would recommend. You will usually pay 40% - 50% of the recovered debt.

**Collection Agency:**

Any debt over $35 - $50, depending on the collection agency, is ready to turn over to a collection agency. The collection agency is most effective when you turn the debt over under six months old. OLD, Moldy debts are almost impossible to collect, even by the professionals. Most collection agencies will charge 35% - 40% of the debt. **IF you had the patient sign the agreement stating that collection fees are added to the debt, you can receive 100% of the amount owed.**

Choose a collection agency by calling a colleague office and obtain a referral. Call the state dental association and ask for a referral. OR, look online for a collection agency in your area.

Send your own collection letters first. If no payment before 120 – 180 days, then a third party can be more effective.

TransAmerica is a professional commercial collection agency specializing in the collection of delinquent accounts throughout the country. They offer complete collection services. [www.transamericacollections.com](http://www.transamericacollections.com)

**BE sure** the collection agency is placing the bad debt on the patient’s credit report.

**Be sure** you will be receiving information regularly from the collection agency. Some have an online look up for you.

**BE Your OWN Collection Agency:** You can subscribe to the credit bureau for your office. With this membership, you can check the credit of your patients as well as report them when the debt is overdue. Then, set up a private PO Box, not the practice address and use a different stationery to send the collections letters. This works best in a small town where you know the patients.

**Equifax, Inc.**
P.O. Box 740241
Atlanta, GA 30374
1-800-685-1111
[http://www.equifax.com](http://www.equifax.com)
Some offices have set up their own PO Box and sent all their collection letters from a pseudo name staff member who serves as the collection manager. OR, you can hire someone part-time to BE the collection manager and to manage this part of the practice. This is not a bad idea in a small town and staff members go to the same church as the patients. The collection letters are NOT put on the practice stationery, but on letters with the PO Box address. Then, if the patient calls and asks for the pseudo name staff member, the team knows this is about a bad debt and someone is assigned to take the call.

6. ZZZ Move the account from active Accounts Receivable to an In-Collection – Bad Debt status. Be sure to flag the chart and the account in the computer in case the patient attempts to return to the practice. Emergency and one visit patients who don’t pay often need to be written off. The patient should be sent a dismissal letter when you write – off the Bad Debt. The ADA has a booklet on dismissing patients.
1. **Postdated checks are legal if the check is to be deposited within 5 business days.** A better system is to use electronic check drafting system.

2. **Divorces do not force you to accept payment from any other party.** Divorces are agreements between only the parties of the divorce. You can still require the person you treat or the parent who brings the patient to be responsible for the bill. State laws may affect this issue.

3. **You can call patients at home or work between 8:00 AM - 9:00 PM, seven days per week and holidays.** You must stop calling the patient at work if the patient or his/her employer requests that you stop.

4. **The only treatment required to be delivered is "EMERGENCY" treatment defined as life threatening.** If a patient has an outstanding balance you are not required to deliver routine treatment.

5. **It is legal to charge interest.** However, a rebilling charge can often be cleaner since it does fall under disclosure rules. It is also legal to sue the patient for the debt.

6. **Only speak to the patient/parent, his/her spouse or his/her attorney about an overdue account.** Do not leave any collection information on answering machines or with secretaries. Only discuss treatment with the patient.

7. **Turn over accounts to a collection agency any time you want.** There is not a minimum time that you must wait before turning an account over to a collection agency. The sooner you turn over the account, the higher the success rate.

8. **You can turn the account over to a collection agency without informing the patient.** If you do let them know, then you must follow through. Threats that are not carried out are not legal.

9. **You cannot withhold the transfer of the patient's dental records, even if the patient owes you money.** There are legal liabilities if you withhold patient records. Keep originals; send copies only. You can charge for copying the record. Have the patient sign a release form.
10. **Bankruptcy** – You should be notified of the bankruptcy by the US Bankruptcy Court. There is usually a court date and you can appear to find out the financial status/assets that the debtor has to repay all the debts. You do not have to appear. You can file a form with the US Bankruptcy Court and return it with proof of the debt. While the debtor is under bankruptcy protection, you cannot proceed with any collection activity. If the Bankruptcy dismisses the debtor for failing to make the agreed payments, then you can resume any collection activity.

**Guidelines from FAIR Debt Collection Practice Act** – a federal act.
COLLECTION CHECKLIST FOR OLD ACCOUNTS

_____ Call the largest balances first – Run an Accounts Receivable Aging Report that sorts the highest or larges balances first. The goal is payment in full in 10 days - from there negotiate a new financial arrangement to start with a payment in 10 days and not to exceed 90 days. Be sure to offer accepting a credit card payment on the phone. Get all the data to complete the slip – at the signature write “phone order”. Document the new arrangement.

_____ Plan each collection call -
   __ Review the chart and check with the Dr. and staff to know any "Stories"
   __ Know what previous collection steps have occurred - statements? Calls?
   __ Know who to talk to when you call

_____ Make the call, talk only to the responsible party, don’t leave messages, and find out a time to reach the responsible party.
   __ Identify yourself and Dr. ___________’s office
   __ Give the reason for the call: " I’m calling about the $_____ unpaid balance on your account."
   Strategic silence - Let them do the talking.
   __ Get the facts about the delay, make notes, then ask firmly and professionally for payment to be sent within 10 days.
   __ Negotiate financial arrangements up to 90 days, three equal payments with the first one due within 10 days. Document the new arrangement in the chart and in the computer.
   __ Use the following response samples to assist you:

Patient: "I’ve been laid off so I can’t pay anything."
F.C.: “I’m sorry to hear that you have been laid off. When did that happen? Is anyone else in the family working? Have you been able to pay your other bills, rent? To keep you account active, what could you send regularly until you find work?" Get a commitment to some regular amount to keep them from having a credit problem.

Patient: "I can’t pay the whole bill now."
F.C.: "How much are you short?" "When do you get paid? Then let’s work this out to have you send $_____ by _______ and the same amount at each pay day."

Patient: "How about $10 (some low amount) per month."
F.C.: "Mr. Patient, I'd like to go along with your offer, but I can't. Our accountant has set a limit of 4 months to have overdue accounts cleared. That would mean a payment of $____. We could put part of that on your credit card or break it into two monthly payments of $____ each."

Patient: "But my filling fell out, denture doesn't fit, etc."
F.C.: "I'm sure that has upset you. Let's schedule an appointment for Dr. to correct that problem." Schedule an appointment within the next few days and make a new financial agreement then. If the patient is a "No show", start the collection letter series. Be sure to make notes in the chart of the conversation and the broken appointment.

Patient: "The check is in the mail."
F.C.: "Thank you for mailing the check. For my record here, when did you mail the check? What was the check number?" Note when the check should arrive and start the letter series if it has not arrived in 5 business days.

_____ Write a short note summarizing your phone agreement and send it to the patient the day of the phone call. If you send anything from the computer, include a personal, handwritten note.

_____ Send Collection Letter # 1 to all balances under $200 - Be consistent with follow-up series letters #2 & #3 every 10 days.

_____ Send Collection Letter # 2 to those who did not respond to phone call commitments within the ten days.

_____ Send Collection Letter # 3 - Final notice to all who do not respond to Letter # 2 within 10 days. Send this final notice certified mail with return receipt requested.
RESOURCES

Collection Agency:
Transamerica is a professional commercial collection agency specializing in the collection of delinquent accounts throughout the country. They offer complete collection services. [www.transamericacollections.com]

Collections stickers from statements:
Renton’s – [www.rentons.com]; 800-365-6644
Nebs – [www.nebs.com]; 800-225-6380

Credit Bureaus:

<table>
<thead>
<tr>
<th>Equifax, Inc.</th>
<th>Experian</th>
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<tbody>
<tr>
<td>P.O. Box 740241</td>
<td>P.O. Box 2104</td>
</tr>
<tr>
<td>Atlanta, GA 30374</td>
<td>Allen, Texas 75013-2104</td>
</tr>
<tr>
<td>1-800-685-1111</td>
<td>1-888-397-3742</td>
</tr>
<tr>
<td><a href="http://www.equifax.com">http://www.equifax.com</a></td>
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<tr>
<th>Trans Union Corporation</th>
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<tbody>
<tr>
<td>Consumer Disclosure Center</td>
</tr>
<tr>
<td>2 Baldwin Place</td>
</tr>
<tr>
<td>P.O. Box 1000</td>
</tr>
<tr>
<td>Chester, PA 19022</td>
</tr>
<tr>
<td>1-800-888-4213</td>
</tr>
<tr>
<td><a href="http://www.transunion.com">http://www.transunion.com</a></td>
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Dental or Health Care Credit Card
Care Credit: [www.carecredit.com](http://www.carecredit.com); 800.300.3046

Dismissal Letters – ADA’s Division of Legal Affairs ask for item #L204
Terminating the Dentists/Patient Relationship: Questions and Answers
312.440.2768

Fair Debt Collection Practices Act Book
American Collectors Association, Inc. Down load at: [www.ftc.gov/os/statutes/fdcpa/fdcpact.htm](http://www.ftc.gov/os/statutes/fdcpa/fdcpact.htm)

Insurance Coding:
CDT-current – American Dental Association;
[www.ada.org](http://www.ada.org); 312.440.2768
CPC Coding with Confidence - (866) 858-7596
[www.drcharlesblair.com](http://www.drcharlesblair.com)

Insurance Electronic Database, claims processing and Insurance verification:
One Mind Health- (866) 633-1090; onemindhealth.com

Insurance Newsletter:
“Insurance Solutions,” Published by Dr. Charles Blair
[charles@drcharlesblair.com](mailto:charles@drcharlesblair.com); (866) 858-7596

National Electronic Attachment. [www.nea-fast.com](http://www.nea-fast.com); 800.782.5150
Evaluation

Fabulous Front Office Systems – April 9, 2015

Linda Drevenstedt, MS

Your honest feedback is appreciated!

Ratings: 4 = Excellent  3 = Good  2 = Fair  1 = Poor

Comments

Overall Program Quality  4  3  2  1 ______________________
Overall Speaker Rating  4  3  2  1 ______________________
Response to Questions  4  3  2  1 ______________________
Met Objectives  4  3  2  1 ______________________

What specific information was of the greatest value to you?

____________________________________________________________________

What action do you plan to take?

____________________________________________________________________

What would make this program more effective?

____________________________________________________________________

Please check any of the following areas of interest:

_____  In-office Consulting
_____  Dental Business Mastery  2 day course Atlanta & Chicago
_____  A By the Numbers Practice Analysis (includes overhead and fees)
_____  Speaking Engagement for another group
_____  email newsletter ________________________________email address

Name: ________________________________  Position: ________________________________
Practice: ________________________________  Specialty: ________________________________
Address: ________________________________  Phone: (________) ________________
City, State, Zip: ________________________________

Please FAX to: 888.264.6588 ☺