

# GENERAL DENTIST

## Scheduling 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

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 Scheduling Coordinator is to maintain a productive and efficiently scheduled appointment book.

A productive schedule includes achieving the production goals for both operative and hygiene schedules on a weekly basis, so we meet or surpass the monthly production goals.

This means the Scheduling Coordinator should be a Public Relations expert, as well as someone who stays intimately connected to every patient that comes through the office and has a treatment plan. The Scheduling Coordinator needs to have the viewpoint that every patient should complete his or her treatment plan. This involves a close working relationship with the Treatment Coordinator as well as the Assistants and the Accounts Manager. A thorough knowledge of who can come in on short notice, who is reliable and who isn't are all part of the basic tools of the Scheduling Coordinator.

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# BLOCKING OUT LUNCH BREAKS

Every day there will be 60 minutes blocked out across all three columns of the appointment book for lunch. The lunch break will be from 1:00 to 2:00 PM on Monday, Wednesday and Friday. On Tuesday (late day), dinner will be from 4:00 to 5:00 PM. On Thursday, lunch will be from 1:00 to 2:00 (early shift) PM and 4:00 to 5:00 PM (late shift). Under no circumstances will patient appointments be booked during blocked out times.

All staff members are to take their respective lunch/dinner break during this time with the exception of **one staff member who will cover the phone and front desk.** The staff member who covers will take lunch every day from 12:00 to 1:00 PM. This will ensure the practice is functioning with a full staff at all times and we never miss a phone call from a patient or potential patient.

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# BOOKING NEW PATIENT APPOINTMENTS

Obviously, when talking to any patient, be polite, courteous and kind.

Get the patient's first and last name, home, mobile and work phone numbers, insurance information, type of visit, etc. (basically, everything on the New Patient Call-In Form).

Next, schedule the appointment. Don't ask the patient when he/she wants to come in. It could take him/her quite awhile to figure out when he/she can make it in. When you give a patient too many choices, it can only cause confusion and take up a lot of time while he/she decides. Instead, ask the patient which time is better for him/her, morning or afternoon. Then, give the patient a specific day and time, according to his answer to the above question. This will put you in control rather than the other way around. The conversation should go something like this:

SC: "Okay John, which is better for you, mornings or afternoon?"

John: "Morning. Morning is much better."

SC: "All right, I have an opening this Friday morning at 9:00. That should work perfectly for you!"

John: "That will be great."

SC: "All right. So, we'll see you on Friday at 9:00! Now, do you know how to get to our office?" (If not, give directions.)

John: "Yes."

SC: "Okay, then we'll look forward to seeing you on Friday at 9:00."



# NEW PATIENT CALL-IN FORM

DATE CALLED \_\_\_\_\_ APPT. DATE & TIME \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

IF PATIENT IS A CHILD, PARENT'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE 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 \_\_\_\_\_

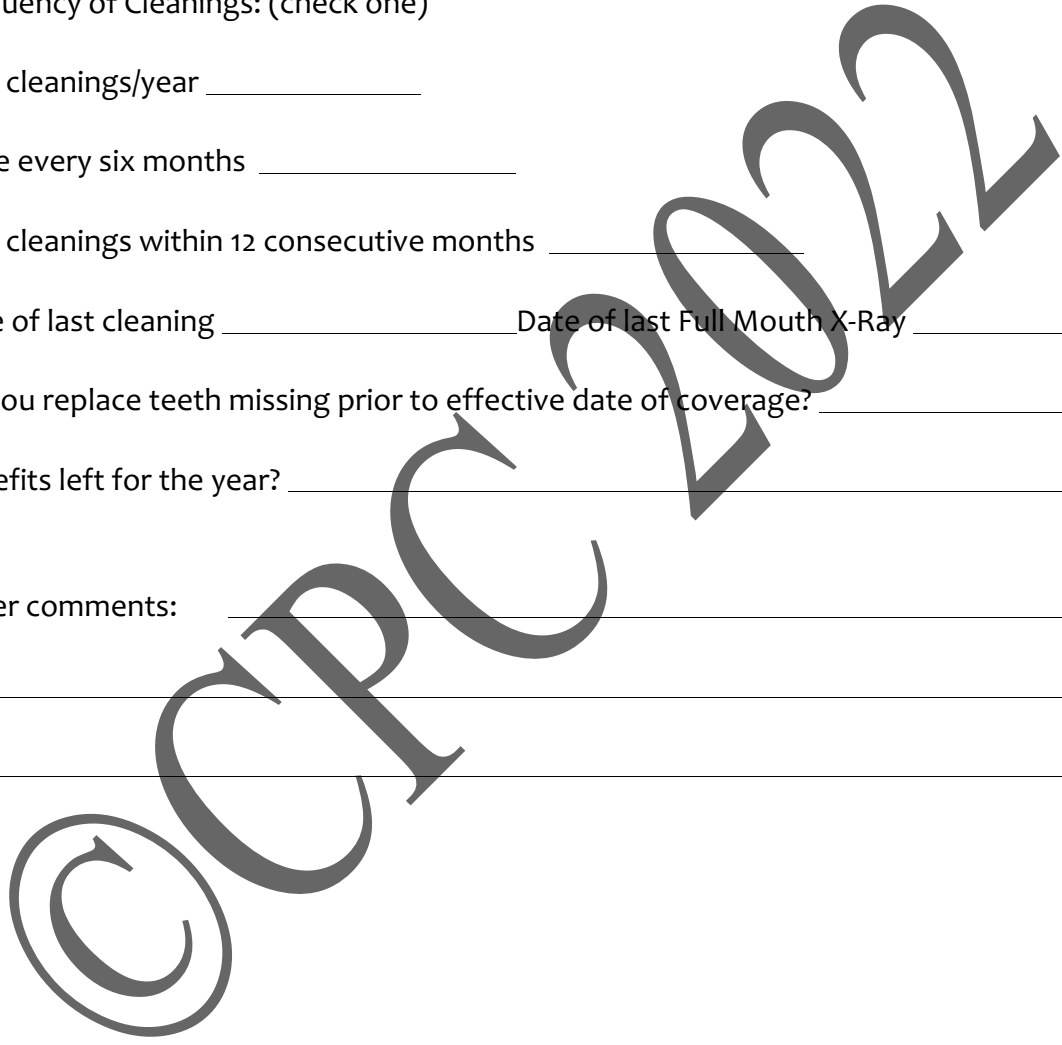
Do you replace teeth missing prior to effective date of coverage? \_\_\_\_\_

Benefits left for the year? \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# ENTERING APPOINTMENTS IN COMPUTER

The procedures below must be followed when scheduling a patient in the computerized appointment book software.

1. Verify that the patient's account is current **PRIOR** to scheduling the appointment. If the account is not current, transfer the patient to the Accounts Manager before scheduling.
2. Record patient's **FIRST** and **LAST** name in the computer.
3. Indicate which provider will be seen, and place this detail in the appropriate column.
4. Record **HOME, MOBILE** and **WORK** phone numbers in the computer.
5. Record the **PROCEDURE** to be performed, and the **TOOTH NUMBER** in the computer (filling, tooth #, MFL, etc.).
6. Record the correct fee for each procedure (the computer adds this for you).
7. Ask the patient to bring their insurance benefits booklet/insurance card on his/her first visit.
8. Ask the patient if he/she has any history of heart murmur, rheumatic fever or any other condition requiring pre-medication. If so, tell them to take their medication before coming in for their appointment.
9. Ask if the patient has any drug allergies.
10. Indicate the proper units of **TIME** needed by doctor or hygienist in the computer.
11. Indicate the designation of the appointment (D, H, A, etc.).
12. Enter any special notes about the appointment or patient.
13. Add any medical alert information.

14. Enter the lab case number associated with the appointment (if applicable).
15. Indicate if this patient's appointment is available for short call.

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# TREATMENT PLANS

All patients who have a periodic exam, comprehensive exam or emergency exam must have a Treatment Plan Sheet filled out and placed in their chart. This form must be completed for every patient even if no treatment has been recommended.

A Treatment Plan sheet must have the date of the exam, a hygiene report and any recommended treatment. The Treatment Plan is then forwarded to the Treatment Coordinator to be entered in the computer and presented to the patient.

Anytime there is a change in treatment (a change from the original treatment plan) a new treatment plan form is to be used.

This form will have the new recommended treatment and will be brought to the Treatment Coordinator, who will present it to the patient **before** treatment resumes.

**No treatment is ever started until the patient has signed a treatment plan.**

Any deviation in this policy may result in a communication breakdown as well as confusion and upset for the patient.

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# SAMPLE OF TREATMENT PLAN

Insert a sample of a patient's treatment plan here.

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# PRE-TREATMENT ESTIMATES

Sometimes before initiating 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 Pre-Treatment Estimate is a form that is sent to the insurance company requesting an exact dollar amount they are going to 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.

Pay close attention to the areas on the insurance forms that are highlighted on any attached pages. All highlighted information must be supplied to the insurance company. If the information is not supplied, the form will be returned which will delay getting the patient in for treatment.

After the PTE is sent back to our office, it will be routed to the Accounts Manager. The Accounts Manager will immediately determine the patient's cost and route that information to you, so you can schedule the patient.

\*\*\* In the event the Accounts Manager is unavailable, or you are acting as the Accounts Manager, the following explains how to determine the patient's portion of the treatment fee.

- Determine our office fee for the treatment needed.
- Look at the PTE to see what the insurance company is going to pay.
- Subtract the insurance payment from the entire fee.
- Use the remainder for what the patient will owe.
- Attach a note to the PTE that clearly states how much the insurance company will pay and what the patient will owe.