

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

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.

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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!

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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?'

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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.).

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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 _____

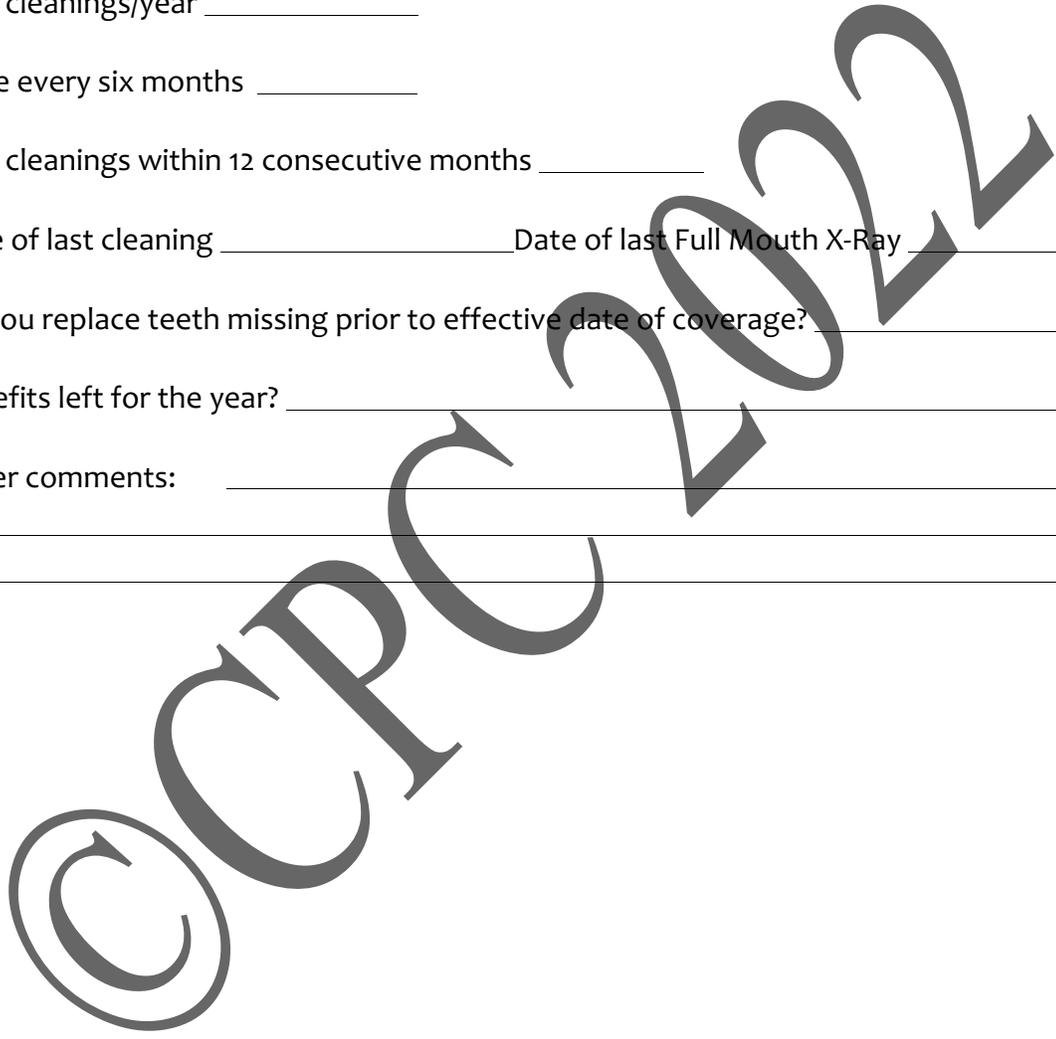
Two cleanings within 12 consecutive months _____

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.