PEDIATRIC DENTIST

Accounts Manager Manual

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

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

TRAINING MANUAL INFORMATION

READ FIRST

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

Our reasons for giving you this training manual are threefold:

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

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

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

HOW TO EDIT YOUR MANUALS

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

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

DAILY CHECKLIST

1. Participate in the morning huddle.
2. Answer phones (as back up for receptionist) – second in line.
3. Liaise with treatment coordinator and scheduling coordinator as needed.
4. Calculate and enter collections stat for the day.
5. Forward all new patient call-in forms to scheduling coordinator for scheduling.
6. Research the accounts for the next day and determine the amount to be collected for each appointment (the collection sheet). Verify appointment cards for accuracy (fees and courtesies, etc.).
7. Check patients out, post treatment, collect money and post payments.
8. Post mail payments.
9. Post-insurance payments.
10. Submit insurance claims.
11. Send ECS as needed (usually two times a week) and print reports.
12. Follow-up on outstanding and rejected insurance. Re-submit any claims needed.
13. Work on accounts aging. Make the necessary patient contact calls, account letters, account contact notes, and any legal action needed.
14. File paperwork (account folders, EOBs, etc., can be done by anyone with free time).
15. Total collections for the day (from daily register).
16. Enter these figures in stats – print new graphs each Thursday for the Friday meeting.

17. Print statements every month, on the first of the month.
18. Print the day-sheet at the beginning of the day and reconcile.
19. Finalize the deposit slip (date, write in cash, stamp, and total).
20. Print the credit card "Audit List Report," compare and attach slips.
21. Shut down workstation.
22. Tell Dr. [name] what an incredibly awesome person he is.
23. Tell all staff what incredibly awesome individuals they are. Look in the mirror and do the same.

COLLECTION SHEET

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

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

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

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

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

ACCOUNTS AND PRIORITIZING YOUR TIME

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

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

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

PROFESSIONAL CODE OF CONDUCT

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

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

1. Setting up a time to really sit, listen and talk to the patient regarding his/her situation.
2. Having all the facts (account data, chart, insurance information, etc.).
3. Being willing to explain the problem to the patient. These steps, coupled with a caring, professional and helpful attitude are a sure fire way to get any "problem account" handled.
4. Never argue or tell the patient they are wrong, even if they ARE. It will only make matters worse. If anything, tell the patient, **"I can certainly understand why you're upset Mr. Jones, I would be upset too if that happened to me! If you're willing to work with me, I think we can sort this out, does that sound agreeable to you?"**

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

If given a choice, the patient will always choose to pay "later," which results in large open accounts, bills unpaid and eventually, no jobs! Put yourself in control by letting the patient "choose" only whether he is going to pay by cash, check or credit card. Do not let the patient choose whether he will pay now or next year. This results in

rapid, easy collection of money, a happy doctor, expanding practice and well-bonused staff!

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

DEDUCTIBLES

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

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

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

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

HOW TO CALCULATE INSURANCE BENEFITS

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

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

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

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

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

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

EXAMPLE: $385.00 Crown

-$50.00 Deductible

_____

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

=$167.50 paid by insurance.

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

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

PREVENTATIVE, BASIC & MAJOR TREATMENTS

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

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

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

Major: Crowns, bridges, partials and dentures are major.

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

REVIEW

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

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

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

   Signed: _____

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

   Signed: _____

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

   Signed: _____

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

   Signed: _____

5. What determines how long a patient (with insurance coverage) has to pay 100% of their dental fee?

6. What treatments are considered preventative, basic and major?

INSURANCE CALCULATIONS

CORRECTLY CALCULATE THESE PROBLEMS

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

ANSWER_____

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

ANSWER_____

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

ANSWER_____

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

ANSWER_____

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

ANSWER_____

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

ANSWER_____

INSURANCE CALCULATIONS ANSWERS

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

VERIFYING BENEFITS

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

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

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

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

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

1. Insurance - prior to patient's arrival:

2. Verify and complete insurance information form by calling insurance company.

3. Add insurance information into computer.