

5

TOP
TIPS

DENTAL
CLAIMSUPPORT

How to streamline your dental insurance billing **and collect more income**

TAKE YOUR INCOME
TO A WHOLE
NEW LEVEL





Enjoying your success as a dentist should be easy.

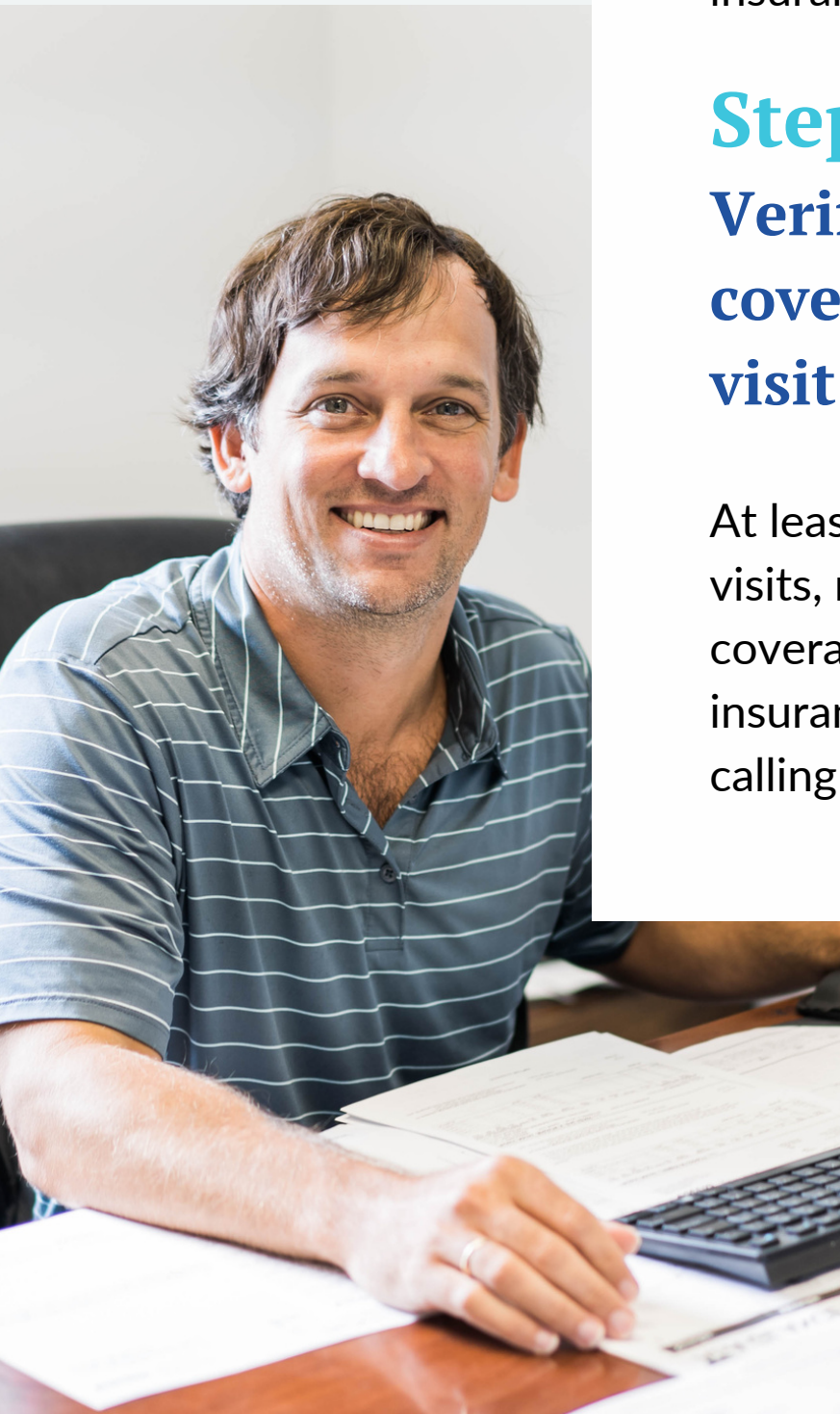
You work hard to provide great care, and you deserve to be paid well for your expertise.

As your practice grows, more people will come to you for treatment. And they want insurance to help with the cost.

This means a large chunk of your revenue is tied up in the insurance claims process.

That's a big problem. Many dentists get behind in collecting insurance payments, and are too busy to catch up.

A \$1 million/year dental practice collects just 91% on average. That's a \$90,000 leak. Without the right tools and knowledge, your collection problem will grow—and quickly.



This guide will clear the fog around the dental insurance claims process and show you step by step how to collect the money you've earned.

There are 5 steps your team needs to follow to collect more from your insurance claims:

Step 1

Verify dental insurance coverage well before the visit

At least 48 hours before the patient visits, make sure you verify their coverage. That means visiting the insurance company portal, and calling too if necessary.

Here's how to verify coverage efficiently

Use a form you can fill in quickly and scan into patient charts.

[Download our free verification form](#) to help you organize the data you get online or in a phone call.

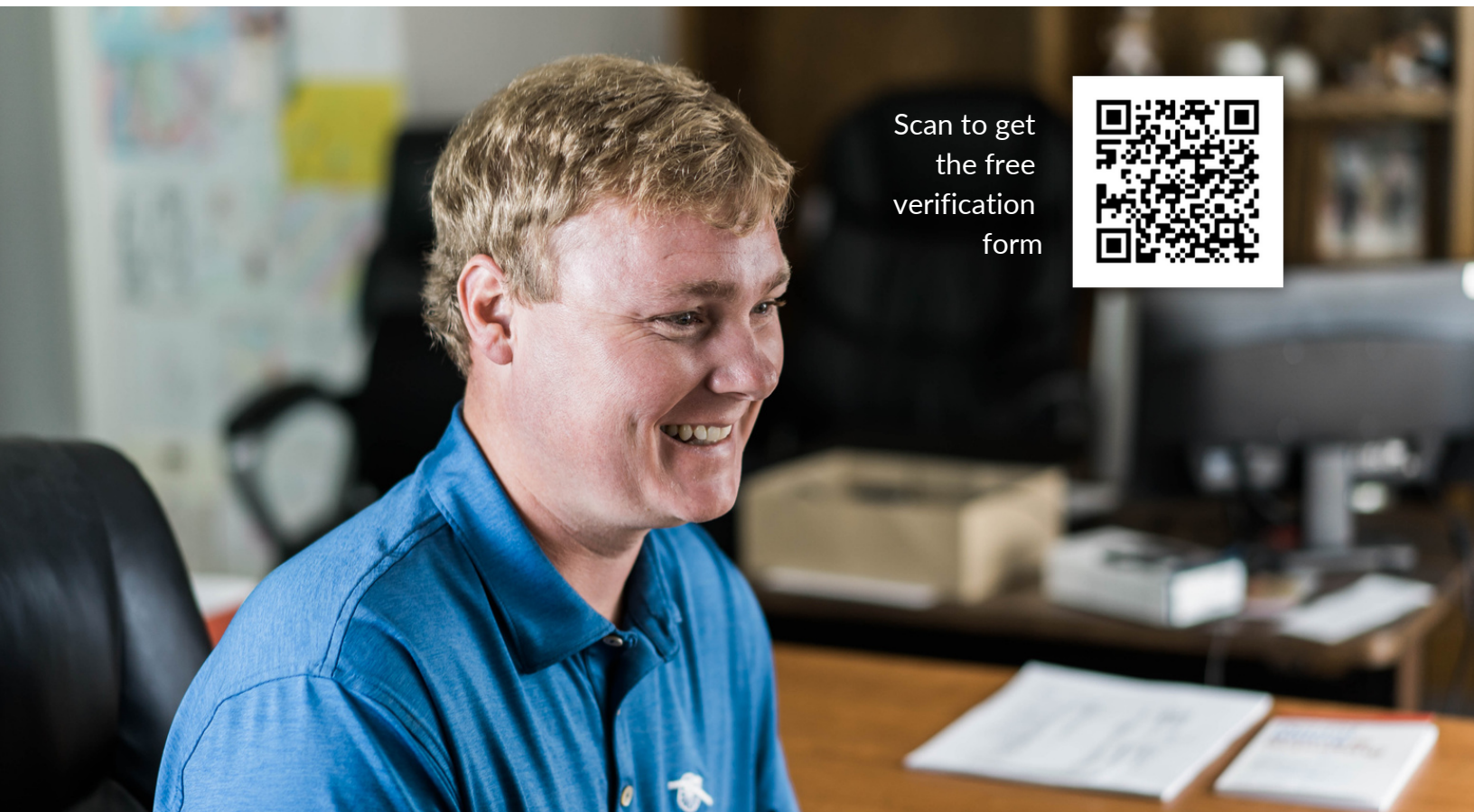
Verify coverage 48 hours before the visit. You'll see any balance due, so you know what to collect while the patient is there.

Get a full breakdown of benefits only when necessary. It's necessary for each new patient, or those with new insurance.

Use the same information for each family member. There's no need to get a full breakdown for each person individually if they're covered by the same plan.

Verify the minimum. For returning patients with no insurance changes, save time by checking just 2 things: that returning patients have the same coverage and are still eligible, as well as the annual maximum used to date. You don't need to obtain the full breakdown again.

Scan to get
the free
verification
form



Step 2

Create clean, accurate claims

Before you wrap up the day's claims, look each one over.

- Fix any typos or coding errors.
- Check that the work done in the chair matches the record in your software and the patient's bill or statement.
- For fillings performed, confirm the codes applied with the proper tooth number AND surfaces.

Your practice management software creates claims using this information. One last time before you send it, make sure everything is correct.



How do you make sure the clinical information is right?

Have the clinical team check the records against their day sheets. For faster (and legitimate) payment, you need the right codes, notes and attachments on the claim.

How do you know when to include attachments?

Here is a quick chart for reference:

SERVICE TYPE	COMMON PROCEDURES	NEED ATTACHMENTS?
Preventive	Exams, cleanings, radiographs, fluoride	No
Basic	Composites, root canals, extractions, periodontal services	Maybe
Major	Crowns, build-ups, bridges, implants, dentures, partials	Yes

More details are in this free educational article: [Dental Claim Attachments: Definition, Types, and Proper Submittal](#).

Step 3

Track unpaid claims 15-20 days from the date of service

What's the best way to track unpaid claims?

Start looking for open claims that have reached the 15-20 day mark from the date of service. Take note of trends-- is the same insurance company slower to pay? Follow up on those.





Here's a common mistake to avoid.

Don't wait for the explanation of benefits (EOB) to tell you whether your payment came in.

If the claim didn't go through in the first place, you'll never get the EOB. That's one way claims end up on your aging report.

Tracking all your claims by the date of service puts you in control of what you collect -- not the insurance company.

Get more details in the article: [What is the best way to track unpaid dental claims?](#)

Step 4

Post payments daily

When you receive insurance payments, enter those in your dental practice software. This empowers you to:

- **Check that your money goes where it should.** Payments should match deposits into your bank account. That's a good sign that nobody is pocketing any checks or leaving them forgotten in a drawer. Those things happen! This is how you catch them.
- **See any outstanding balance to collect from the patient.** You will be able to explain patient bills with confidence because you have the right information.
- **Close the claim** and take it off the aging report.





Step 5

Schedule your insurance claims tasks

Dentists have a schedule, hygienists have a schedule; so should the dental billing team. The best way to collect more from claims is with a daily routine.

The real secret to high insurance collection is this cycle:

Start of day

Send prior day's batch of claims

9AM

Verify insurance for scheduled patients (2 days ahead of visit)

11AM

Review EOBs and post payments

2PM

Follow up on open claims (check the insurance aging report)

End of day

Check the day's work against day sheets

Does this look like a lot to maintain? You're right, it is. That's how insurance companies keep so much of your money, even when you know everything you have to do.

How much have you lost because of low insurance collections?

You have better things to do than sit on hold with insurance companies. Let us help you collect all you've earned with expert claim support today.

Schedule a free consult so we can help you collect the money you've earned.



Scan to
schedule a
call with our
team

Getting started with Dental ClaimSupport is as easy as 1-2-3.

SCHEDULE A CALL

1

Free status
assessment

GET YOUR PLAN

2

Setup
is easy

COLLECT MORE

3

Watch your
income grow



Learn more at DentalClaimSupport.com