Office Manual

Administrative Policies and Procedures

Hillandale Smiles

3/23/2017

Table of Contents

There are 5 Levels of Administration

Level I: Includes all concepts of the five days training. Primarily, it is the most important level. It ensures a smooth transition between administrative and clinical areas.

Level II: Requires a mastery of Level 1 tasks and reception position duties in addition to focus on data capture and treatment plans (TVTXPL)

Level III: Requires mastery of Level 1 & II tasks and check out position duties with a focus on next visit treatment plans (NVTXPL) and fiduciary responsibility of the patient (co-payment / balance).

Level IV: Requires mastery of Level I, II, and III and is the initial transition back to 'support' position with additional financial responsibilities that include insurance/claims/payment/account reconciliation.

Level V: Management.

New Administrative Staff Training Schedule

Day 1

Morning:
1) Fill out Employment Paperwork
2) Direct all questions ONLY to your trainer
3) Do not answer telephones
4) Review
   a. Routing Control Form Protocol
   b. Sample Routing Form
   c. Benefit/Balance Code List
   d. Generate Error/Corrections log
5) Proof 1pack of RCF before 12
6) 30 minutes before lunch:
   1) Progress Review
   2) Review Phone Scripts
   3) Question & Answer
   4) Review Afternoon Session
   5) Go to lunch 1230

Afternoon:
1) Review Phones, Phone Scripts, and the Magic Phone Script
   a. Answering phone / Required info, Name/Regarding Empathy
   b. Forwarding
      i. Appointment Scheduler –100 (Name_____)
      ii. Insurance Coordinator – 104 (Name_____)
      iii. Bill questions – 102 (Name_____)
      iv. Dental Lab
   c. Taking Messages
      i. Pink Message paper only, fully filled out
      ii. Attach more paper and pts. Chart if needed
2) Review Routing Control with Error log
3) Review chart maintenance
4) Review filing and pulling chart protocol
   a. File all charts accurately before end of business day
5) 30 minutes before leaving:
   1) Progress Review
   2) Review Error Log
   3) Question and Answer
   4) Update protocols
   5) Review next day training schedule

Day 2

Morning:
1) Progress review
2) Review training schedule
3) Proof Previous Day RCF with error log.
4) Review confirming appointment script
5) Confirm Appointments that have not been confirmed that day or one day out
6) Review filling out routing control form procedure
   a. Sample Routing Control Form
7) Confirm appointments that have not been confirmed two days out
8) Print routing control forms and print TXPL as indicated
9) Review CHECK IN procedures
   a. Check in 5 patients prior to end of day

30 minutes before lunch:
1) Progress review (anticipate task complete)
2) Review RCF error log
3) Update protocols
4) Question and answer
5) Review afternoon training

Afternoon:
1) Progress review
2) Review training schedule
3) Continue, confirming appointments, answering phones
4) Check in 5 patients prior to close of business
5) Review chart maintenance
6) Review filing and pulling chart protocol
7) Pull next day charts, attach RCF/TXPL and place in clinical areas as indicated before 3:30 pm.
8) File all charts before the end of the day
9) File from the evil box
10) Review routing control error log

30 minutes before leaving:
1) Progress review
2) Update policies and protocols
3) Question and answer
4) Review next day training schedule

Day 3
Morning:
1) Progress review
2) Review Training Schedule
3) Proof Previous day RCF with error log
4) Review making appointments and appointment guidelines
5) Review scheduling appointments
6) Continue answering phones, schedule appointments as indicated
7) Review payment policies
8) Review patient check out
   - Check in at least 5 patients before lunch break
9) Confirm appointments that have not been confirmed that day, one and two days out
10) Print out routing control forms, print TXPL as indicated and pull charts according to time schedule
11) Review routing control with error log
12) Review "guideline for treatment plans"

30 minutes before lunch:
1) Progress review (anticipate task complete)
2) Review appointments scheduled
3) Update protocols
4) Question and answer

Afternoon:
Progress review
1) Review training schedule
2) Focus on checking in all patients & checking out Hygiene RC appointments only (middle chair)
3) collecting patient portion /overdue balance
4) Next visit treatment plan (NVTxpl)
5) making next appointment
6) ledger notes / tickle file
7) Answer phone as needed
8) Ensure all appointments confirmed
9) Ensure all next day charts are pulled with RCF/TXPL and placed in clinical areas before 3:30pm
10) See "guideline for treatment plans"

30 minutes before leaving:
1) Progress review
2) Update policies and protocols
3) Question and answer
4) Review next day training schedule

Day 4

Morning:
1) Progress Review
2) Review training schedule
3) Answer phone as needed
4) Ensure all appointments confirmed and next day charts pulled, with TXPL
   Input next visit treatment plans (NVTxpl) of two new patients
5) Confirm appointments that have not been confirmed that day, one and two days out
6) Input next visit treatment plans (NVTxpl) of two new patients
7) Focus on checking out patients
   a. Collecting balance due
   b. Patient portion
   c. Input next visit treatment plans (NVTxpl) of two new patients
   d. Making next appointment
   e. Refer to notes
   f. Ledger notes
8) Print out Routing control forms, print TXPL as indicated, and pull charts according to time schedule
9) Review routing control with error log

30 minutes before lunch:
1) Progress review (anticipate task complete)
2) Review Next visit treatment plans (NVTXpl) entered
3) Update protocols
4) Question and answer

Afternoon:
1) Progress review
2) Review training schedule
3) Review policy for financial closing of the office
   a. Credit card
   b. Assembling daily packet
   c. Copy checks
   d. Counting cash
   e. Printing deposit slip
   f. Delivering Daily Deposit
   g. Ensuring pumps and water off
4) Focus on checking out patients
   a. Collecting balance due
   b. Patient portion
   c. Making next visit treatment plan (NVTxpl) and making appointments
   d. Refer to notes
   e. Ledger note
5) Answer phone as needed
6) Ensure all Appointments confirmed and next day charts pulled with RCF & NVTxpl
7) Close office
   a. See closing duties

30 minutes before leaving:
1) Progress Review
2) Update policies and protocols
3) Question & Answer
4) Review next day training schedule

Day 5

1) Network and PerioVision protocol and passwords (log in/log out)

Patient Services Coordinator Reception	Patient Benefit Coordinator Insurance	Patient Care Coordinator Check-out	Support Administrator	Business manager	Patient Account Manager FDM	Office Manager
			Proof RCF With error report			
Welcomes/greets patients	Commands insurance	Patient retention/recruitment	Check email for confirmations			
Lunch 12:15	Lunch 12:00	Lunch 1:30	Confirmation calls 2 day out		Lunch 1:00	
			Confirmation 1 day our			
1st phone ring	2nd phone ring	3rd phone ring	Confirmation today			
3rd check out	2nd check out	1st check out	Print RCF			
			Pull charts			
Demographic Verification Sees and copies insurance cards Before 745 confirm 1 day out		Retrieves voice mail, maintains voicemail log, manages all messages to completion	Chart maintenance Print Txpl Compile missing info report Sort and store next days charts			
Internal Marketing Referral Letter/packet			File charts			
Pre-Registration letter/packet		Review RC forms and maintain error log				
New Patient letter/packet	Verifies insurance at pre-registration, registration and demographic update	Checks out and collects OTC			Patient Information: -Treatment handouts -News letters -Advertisements	
New Patient Develops treatment plans and Treatment Plan/packet	Proofs/sends claims	Sets the next appointment			Patient AR: proof accounts/collection calls	
	Sends pre-determination request, claims and resubmit claims	Gather all DAY papers and put them into the DAY folder			Collection letters	
Prints RCF	Tracks	Close the day out by			Overdue	

validates printed TxPl for that visit attached to RCF and pulls next day's charts,	outstanding claims every day and reports on the 15th and 30th of every month	collecting financial information			recall/reactivation	
Print schedule for tomorrow and hand in rooms.	Claim disputes				Start inactivation of patients	
Receives and sorts mail	Insurance submittal, more information request and error log	Plan to capture recall appointments: -reactivation scripts - postcards			45\60 day letters	
Input all mailed in checks	External Marketing					
5:15 daily deposits						

Patient Services Coordinator Reception	Patient Benefit Coordinator Insurance	Patient Care Coordinator Check-out	Administrative Support
Before 745 confirm 1 day out	8:15 Tabulated Report daily	8:15 Tabulated Report daily	8:15 - 9:30 Confirm appts 2 days out and fill RCFs
		11:15 Voicemail	10:30 Confirm appts 1 day out
			11:30 Pulling next days' charts
			12:00 Filing charts
			12:15 Lunch
	1:00 Lunch		
		1:15 Voicemail	1:15 Confirm appts 1 day out
		1:30 Lunch	1:30 Confirm appts 2 days out
		2:30 Voicemail	
		3:00 Tabulated report on Hyg checks	4:30 Confirm all charts pulled
		4:15 Voicemail	
	Treatment plan in file by 2nd day		5:00 Filing charts
		5:15 Daily deposit	

Routing Control Forms   (RCF)

Overview: Routing control forms and the confirmation of appointments are considered the initial steps for smooth patient management. Both of these items ensure success, and it must be noted that one cannot be done without the other.

Checking Routing Control Forms

1) Every patient that is either Seen, Rescheduled or Failed is required to have a routing control form
2) Every provider that has seen the patient must have a separate RCF
3) The attending provider will indicate treatment completed and next visit when needed
4) These routing control forms must be verified to ensure accuracy in services performed, billing and payments made
5) All inaccurate routing control forms must corrected by the person who made the error
6) The # of errors and percentile of RCF that had errors will be kept for each day, week month
7) This error ratio will be associated with personal performance reviews

Reviewing Routing Control Forms

Sign in sheet: Signature sheet at receptionist area

Red Schedule: Master schedule at the front reception that is highlighted in red and the confirmation of demographics to indicate patient is ready for treatment

Black Schedule: Master schedule in the clinical area that records any changes to the Doctors' schedule

Step 1
- Make a RED check mark **on** each patient's name on the SIGN IN SHEET and on the Red Schedule.
- If someone signed in but has no appointment or
- if you have a someone on the red schedule that that did not sign in,
- IN RED write that patients name on either document.
- Put. sign in sheet in day folder.

Step 2
- Make a RED check mark **on** each patient's name on the Black Schedule and the Red Schedule.
- If any appointments are noted on the Black Schedule that are not on the Red Schedule, or
- If any appointment on the black schedule is not on the red schedule
- In RED write patients name on either schedule.
- Put Black Schedule in day folder.

1) Make a RED check mark on each patient name on each RCF & a RED check mark on the RED schedule.
   Confirm each routing control sheet has a corresponding appointment on the RED schedule. On each patient's name make a RED check mark.
   a. If there are appointments without a routing control form, note in RED on the RED sheet and make a routing control form in RED.
   b. If there is a routing control form without an appointment, note it in red on the RED sheet.
   c. Ensure all doctor appointments for doctors on the Red Schedule have three (3) RED checks **on** each patient's name & two (2) RED checks for Hygiene.
   d. File the RED front desk schedule in the day folder.
2) Begin to review the routing control forms as directed below:

Proofing Routing Control Forms Protocol

Actual routing Slip Evaluation for Correctness and Accuracy
Demographics
1) Name (first and last), address same billing/mailing, zip code, telephone 1 & 2
2) Date
3) Provider
4) Benefits (insurance company codes and calendar year)
5) Balance (personal), Red overdue insurance balance, Green overdue personal balance, Gray
6) Balance (family), Red overdue insurance balance, Green overdue personal balance, Gray
7) Red, Green, Gray Highlights in Ledger, Green >= 15 day posted/unposted
8) Claim submitted/sent? No: requires account given to Insurance manager.

9) Are there any claims unpaid for 30 days or more? Submit a Claim Problem Report with the patient's name.
10) Are there any claims not submitted for 1 business day or more? Submit a Claim Problem Report with the patient's name.
11) Present full day packet to Office Manager with attached tabulated report correction list even if there are no errors.

Data Entry
1) Each code correctly entered, ADA treatment codes.
2) All treatment correctly entered, tooth / quadrant / area / surface
3) Providers associated to each procedure.
4) Were fees charged correct?
5) Today's total regular fee noted?
6) Today's estimated patient portion noted
7) Was any outstanding personal or family balance noted?
8) Was 100% patient / family portion collected?
9) If not, was a ledger note as to why entered?
10) Was the correct payment amount and type posted including check number?
11) Were specialties or referrals noted?
12) Were next visit appointments scheduled or noted in tickler file and ledger?
13) Were the 'check-out by' initials noted?

Sales Verification (RCF Error log and unpaid claims report)
1) Must be first separated by administrator
    a. All RCF's that have 'no errors' are to be separated from all RCF's that have one or more errors
    b. All items that are incorrect on each RCF should be highlighted in RED.
    c. All RCF that have one or more errors
2) RCF Error Report
    a. # of RCF that had one or more errors divided by the total # of RCF by that administrator.
    b. Summary of % by day, week, month to be provided to OM.
    c. RCF that have errors are given to OM
    d. OM will have errors corrected by the administrator.
3) Collect corrected RCF after corrections are made and verify all corrections were made.
4) Note in Red Pen RCF corrected and your initial in the appropriate area.

Preparation of Routing Control Forms
1) Before any RCF is printed, a master schedule should be printed and labeled RCF MASTER (future Red Schedule).
2) A routing control form should be generated one day in advance for each patient with a Txpl as required.
3) A notation is required on the RCF, on the Master schedule (Red Schedule) and the first line of the appointment schedule in Periovision.
    - Txpl,   indicates signature required (for treatment plan estimates)
    - IB,   indicates insurance balance
    - PB,   indicates patient balance
    - Update Insurance
    - Claim   Claim over 30 days
4) It is required that the receptionist initiates the conversation on these items and resolves or refers for resolution on these matters (see Check In Policy).
5) All required RCF are to be arranged in alphabetical order before pulling (See Pulling and Filing Charts). As they are pulled, they can be separated into Provider groups.
6) The RCF must be stapled with a (NVTxpl) or a TVTxpl as indicated. All treatments that will require a copayment!
    - A Pre-treatment estimate should be signed and scanned in PerioVision in the chart if the appointment was made in house.
    - If there is no pre treatment estimate located, one should be made. Accuracy is a must.
    - Chart maintenance procedure should be commensurate.
7) Provider charts confirmed with checking the RCF MASTER sheet and are placed in providers section in the main stack
8) RCF MASTER will be placed into day folder
9) Provider charts will be transferred to the clinical area at 3:30 pm or the provider may retrieve them for their review at any time for the validation process.

Phones

Incoming Calls

Phones should be answered by the first or second ring. Please be very friendly and sincere (a smile will help).

At all times we promote a one contact solution. The first contact should make all reasonable attempts to bring issues to solution.

At the front desk, an incoming call is noticed by ringing, and a red flashing light located next to the corresponding phone line. Picking up the phone will automatically connect the ringing line. If multiple lines are ringing, automatically the next call will be connected. If you end a call while a line is ringing, you can hang up the receiver and re-pick it up, push down the receiver button and release it, or push the corresponding button next the red light that is blinking. Lines on hold will blink faster than ringing lines.

Always have pencil and note pads ready to write the patient's name, telephone number and all other pertinent information. If you cannot solve the issue immediately, take a good message and call them back within the ½ hour.

Phone Script

Answer: "Good morning/afternoon, Hillandale Smiles, this is (name). I can help you"

There are three items that you will need
1) Name / When were you here last
    a. New
    b. Existing
2) Problem Dental
    a. Which teeth are hurt or affected – Show empathy instead of sympathy ('that's terrible')
    b. How long have symptoms been present – Show empathy instead of sympathy ('that's terrible')
3) Problem Financial (payment Insurance)
4) Problem Appointment (make/reschedule, never cancel)

5) Solution
    a. Schedule an appointment
    b. Request more information
    c. Refer to a specific person

If the phone is for a dentist or a staff member, screening the call is always necessary.

Always take a message for the dentists when they are with patients unless they have indicated that they are expecting a certain call. Calls for assistants should be handled by taking a message as well, unless the caller states that it is an urgent matter or the assistant has indicated that he/she is expecting a certain call.

1) 'May I ask who is calling?' (must get the name)
2) 'May I ask what this is in regard to?' (the problem), -requires review of ledger, notes, claims, speak to Doctor
3) Put the line on hold if person is available
4) Select if call is to be forwarded or message taken

1) If you anticipate the person should be available
    a. Push INT and the number of the phone you wish to reach. There will be a beep; wait for a response.
    b. Repeat step if there is no response.
    c. Speak on the open speaker only if it is very urgent or when directed to do so.
    d. If the person is available, monitor the line for a pick-up and re-answer if needed.

Intercom List:	Dr. Wolcott	105
	Insurance	110
	Back Desk	104
	Checkout	102
	Marketing	101
	Greeting/Appointments	100

2) When the person is unavailable
   a. Inform the caller that the person is unavailable (i.e., the dentist is with a patient right now or he/she is not here).
   b. Take a pink message.
   c. If the caller wishes not to leave a message, ask him/her to call again and recommend a best time.

Written Messages

All written messages are to include the name of the caller, the message, the date and the time, and what action is to be taken. Written messages from patients are to be created as pink messages. It is important that as much detail is made available as to the intent of the conversation. This information includes the problem, area, question, or other subject(s) so that the person receiving the message is fully informed and does not need to speak with the message taker and can resolve the issue prior to returning the call. If the message contains a clinical question, then the message taker is to include the patient's chart. Occasionally the patient refuses to provide information. When this occurs, please state clearly the nature of the refusal and provide a best guess on the possible issue(s) (i.e., balance, txpl). Provide support info (chart) or, if reasonable, speaking with A/R before returning the call.

Outgoing Calls

Do not tie up all lines. If most lines are in use, wait a moment to ensure one line is available for incoming calls.

All personal calls are to be made on personal cell phones.

Incoming Calls

Our office uses a phone service that will record incoming phone calls.

Phone Passwords

All administrative employees will be given their own long distance dialing code. Any calls made and believed to be NOT on the behalf of the Office will be separate and chargeable to the employee by automatic deduction from their paycheck at the sole discretion of the director.

Use of these codes and use of the office's toll free numbers without permission are chargeable offenses to the office and maybe considered gross misconduct and cause for immediate release from their employment from Hillandale Smiles.

Magical 7-Step Phone Script

To Help Patients, Staff and Dentists

1) **Thank you for calling Hillandale Smiles my name is _____, I can help you!**
   [Remember that the patient could have called any office, and he (or she) called yours!]

2) **How are you?**
   [Express genuine interest in the caller. Listen to the answer and make notes]

3) **I'm happy to help you with that, Mr. (or Ms.) _____. Are you having any discomfort?**
   [Build rapport and use the patient's name often]

4) **When was your last visit with us?**
   [The question will identify new patients without offending patients of record. If the patient is new, ask who you can thank for the referral and then proceed to 5. If it is a returning patient, perform a demographics update, and then proceed to 5]

5) **Let me help arrange an appointment convenient for you. If you'd like, we can see you today at 2 pm.**
   [Always remember to offer the next available appointment. Check patient's recall interval and offer to schedule this visit as well]

6) **Can I help you with directions to our office?**
   [Then, only after the preceding discussion, and after expressing genuine concern for the patient:]

7) **If you have any difficulties in making this appointment will you call me? Thank you very much for calling. Again, my name is _____. I'll be here when you come in for your visit. I'm looking forward to seeing you on _____.**
   [Never just say good-bye]

Dental Insurance

The office associates with insurance companies in order to reduce the financial burden of the patient for their dental care. This association is a contractual obligation, but the ultimate financial burden lies with the patient.

Confirming Appointments

Confirming Appointment Overview

1) Confirmed appointments have the lowest failure rate and also promote that our office has concern for the patient's dental health. Therefore, we should make all efforts to indicate a confirmed appointment.
2) Remember that a cancelled appointment hurts 3 people: the patient, the doctor and another possible patient who might have been seen. Any waiving of incurred cancellation fees is at the discretion of the OM or the doctor.
3) It is our office policy to incur a failure fee for patients who cancel appointments in a less than timely manner (< 2 business days, 48 hours).
4) The dentist and the receptionist will actively encourage patients/parents with lengthy appointments to keep those appointments by reminding them about the length of time being 'reserved' for their appointment.

We have two systems to increase our contacts for scheduled appointments.
1) Smile Reminder
   a. Text 2 days out and day of
   b. Email 2 days out and day of
2) By Phone
   a. 2 days out
   b. 1 day out
   c. Day of

Demographic Verification steps for Confirming appointments by phone:

1) Name (first and last), address same billing/mailing, zip code, telephone 1 & 2
2) Date
3) Provider
4) Benefits (insurance company codes and calendar year)
5) Balance (personal), Red overdue insurance balance, Green overdue personal balance, Gray
6) Balance (family), Red overdue insurance balance, Green overdue personal balance, Gray
7) Red, Green, Gray Highlights in Ledger, Green >= 15 day posted/unposted

Confirming Appointments by Phone

All patient appointments are confirmed early in the day, two business days prior to the appointment. Monday appointments will be confirmed on the preceding Thursday so that any cancellations can be filled during the day as soon as they occur.

- All patients, or responsible parties, must be contacted directly to confirm the appointment.
- If a message is left, regardless if with a person or on tape, a second confirmation call must be made at additional contact numbers.
- If a message still cannot be confirmed, then additional phone calls must be made the same day and on the next business day.
- Results of confirmation attempts should be recorded on the scheduling screen, and are to include;
  - Date, time, activity, left message recorded (LMR), unable to contact (UTC), out of service, wrong number, need new contact information, and the employee's 3 initials (e.g. Alan r. Wolcott = arw)

- If the phone number doesn't work, then the number needs to be researched in the 'families' account online, check chart. Call at work to find alternative numbers.
- Any issues that are non-routine require a ledger note that needs to indicate the number called or removed from system and updates or changes need to be made in the families account.

Confirming Appointments Procedure
Day Folder
The Day Folder will be initiated with the confirmation appointment calls for two (2) days out. This folder will be clearly labeled with the day and date of the contents for that day. This folder will be passed on to the next responsible party until it is filed.

This Day Folder will be the legal record of the office's management of the patient process through our office.

Generally the path of the Day Folder is:
1) Confirmation calls person for 2 days out and 1 day out
2) Passed to the RCF person (before leaving for lunch) for printing the RCF
3) Then to the Check Out (the morning of)
4) Then to the RCF proof person (at the close of the day) for proofing the RCF
5) Then scanned and filed in storage

Confirming Appointments
Before ANY confirmation Appointments are made:
- All schedules must be printed and labeled at the top of the page as a '2 day out master schedule.'
Before ANY individual confirmation call is made:
- Note any patient/family balances on master sheet with patient Balance (PB) > $0.00 using a Patient Balance Report and make note in appointment comments (1st line) in CAPS.
- Note any Insurance/family balance on master sheet with insurance balance (IB) > $0.00 using an Insurance Balance Report and make note on appointment comments (1st line) in CAPS.
- See if family members (FM) have an appointment the same day
- See if family members are overdue for recall
- Enter FM account and check appointments - update RC date as needed
- Confirm insurance is updated using the year indicator
- Confirm active cell # and e-mail address
- Make the call using the appropriate Phone Scripts

2 Days Out
First attempt started at 8:15 am and finished before 9:30 am.
Second attempt starts immediately on return from lunch (finish with haste).
- Confirm demographics (i.e. street address, other telephone number, active cell phone number, and e-mail address)
- Confirm insurance company, policy holders name, policy holder employer
- Ask if overdue family members could make an appointment.
- Ask if they are aware of a balance due AFTER ALL INSURANCE PAYMENTS and indicate cost statement date.
- Inform them that they can settle that amount by CC now.
- Inform them that payment will be expected at this visit.
    - Provide a ledger note (LN)
        1) Informed patient balance due this visit
        2) Informed Patient Balance OR objections (patient to contact insurance)

After confirmation of provider groups second attempt:
- Print new schedules for 2 days out and staple together
- Note at the bottom the number of appointments cancelled, the number of appointments rescheduled, and the number of appointments transferred, to the tickler file
- A copy of the patient balance problem report will be given to the Billing manager for review and the claims problems report will be given to the Insurance manager for review
- Total number of appointments and number of unconfirmed (round 1 and 2)
- Total amount of unscheduled hygiene time per hygienist
- Record and save information for daily statistics
- Insert printed schedule into 'day folder'

Phone Script 2 Days Out

First attempt started at 8:15 am and finished before 9:30 am.

Hello, this is **YOUR NAME** calling from Dr. Wolcott's office. I am trying to reach _(first name adult)___ to **confirm** a cleaning / filling appointment on <u>Wednesday the 24th at 8:30 am</u>.

- May I speak with _____
- Then all the above information

OR
- **Please** call to confirm this appointment at (SLOWLY) 301-439-7878. **Thank you**.

Second attempt started after lunch and finished before 3:30 pm – using same script above.

1 Day Out

Done in combination with 2 day out

Before ANY confirmation calls are made
- All schedules must be printed and labeled at the top of the page as a '2 day out master schedule'.
- The rules for documentation are the same as 2 days out.
- If it is a newly scheduled patient, then Update Demographics.

Phone Script 1 Day Out

First attempt started at 8:15 am and finished before 9:15 am.

Hello this is **YOUR NAME** from Dr. Wolcott's office. I need _____ to give me a call to **confirm** a dental appointment <u>tomorrow</u> for a <u>cleaning at 8:30 am</u>.

- May I speak with _____
- Then all the above information

OR
- **Please** call to confirm this appointment at (SLOWLY) 301-439-7878. If we do not get an appointment confirmation your appointment could be delayed. Our number **again** is (SLOWLY) 301-439-7878. **Thank You**.

Second attempt started after lunch and finished before 2:15 pm – same script as stated above.

Day of Appointment

Confirmation calls for appointments today, done with 2 day and 1 day out confirmation calls.

Hello _____ this is **YOUR NAME** again. It is **extremely** important for you to call and confirm your dental appointment with us today at _____. Any change in your appointment to include not showing for treatment will cause you to accrue a charge. **Please call** (SLOWLY) 301-439-7878 to **confirm** or change your appointment.

Re-Activation Appointments Phone Script

Hello, this is (**YOUR NAME**) calling from Dr. Wolcott's office, your dentist. I am trying to reach _____ for an overdue routine cleaning appointment. _____ available? Great! We have <u>(1) / (2)</u> for you or would _____ be better

Three good things to say either to a person or on voicemail if given the chance;
1) Everyone likes to have a clean smile and now that unhealthy gums are associated with heart attacks, strokes and cancer, we want to get you back on schedule.
2) Many of our patients have zero out of pocket cost because their insurance covers it at 100%.
3) We have just finished expanding our hygiene department and have more appointments to fit your busy schedule.

So, give us a call at, (SLOWLY) 301-439-7878 ask for either (your name) to make your cleaning appointment. Our telephone # is again (EVEN MORE SLOWLY) 301-439-7878, Thank You.

If you speak to a person who is declining an appointment it is required to find and record why.

Great, we have an appointment for you. Is there any reason you don't want to get your teeth cleaned? (must be noted in ledger and to OM)
1) Change insurance
2) Move away
3) Going to another dentist
4) Don't have the time
5) Don't have the money
6) Didn't like the dentist/hygienist/billing

All calls where messages are left or where there are objections require a detailed ledger note (LN).
- Objections need to be forwarded to the office manager for account modifications.

Payment Options

The office associates with third party financing companies to help reduce the immediate cost of dental care. This association is a contractual obligation, but the ultimate financial contract will be between the patient and the financial company.
We offer third party financing as a benefit to our patients in which the payment finance fees are solely at the discretion of the process company.

1) If needed: **We have several different payment options to help you**.
   a. Would you be interested in having your fee reduced? We offer a 5% courtesy for payment in full at your visit with cash, check or credit card. **Stop here if commitment.**
   b. We have a great payment plan! We've arranged a special program for our patients through _____. It's simple; they're very nice people. Here's how it works… **Stop here if commitment**
   c. Another option is to pay the verified, estimated co-payment of   at your visit by cash, check, or credit card. Offer to ring the patient back if you need to find out the estimated co- payment.

Dental Records

The Dental Record

The management of dental records is not just ensuring that they have been either assembled for the attending provider or properly filed, but rather the management of the information and the ability to keep it organized at all times. Therefore, the following guidelines should be considered standard protocol.

Making Dental Records

All dental records are to be organized in the following manner:
1) Cover Sheet
   - This will be updated from time to time.
   - Patient Demographic
   - Insurance Demographic
   - Dental Health Questionnaire
   - Consent to treatment as well as Insurance and Financial Assessments
2) Medical History
   - This has 6 years of update capacity
   - On our about year 5 a new update sheet should be filled and stapled over the existing one (See Stapling Technique)
3) Hygiene Sheet
   - Updated with each recent appointment
4) Initial database
   - Filled out on initial visit (comprehensive exam)
   - Updated on each comprehensive exam
     i. Full Periodontal Charts
        - Stapled on top (See Stapling Technique)
     ii. Financial Agreements
        - Stapled on top (See Stapling Technique)
5) Treatment notes
   - Added as needed

Filling Out New Patient Dental Records

New patients are given a patient record and asked to fill out the first page (front and back) of the patient booklet and provide 2 signatures and then to bring the chart to the Clinical Assistant.
1) Scan a government issued photo ID of the patient or guarantor.
2) If the patient has dental benefits, scan a copy (front and back).

When the completed form is returned, the front desk person should make sure that the following was completely filled out.
1) The first page (front and back)
2) Personal demographics
3) Insurance information (carrier)
4) Dental history

5) Treatment consent signature
6) Medical history
7) Medical history signature

If the patient is a minor, have the parent/legal guardian (guarantor) sign the form. Be sure that all the information is stated and legible. All information received must be entered into the computer with haste.

The New Patient Experience
1) For new patients, a welcome letter should have been sent by mail.
2) A new patient pack is provided on their first visit.
3) Ask the patient to have a seat and tell them that they will be seen shortly.
4) A first visit thank you letter is to be sent and signed by the doctor within 48 hours.

Merging a New Dental Record into an Existing Dental Record
Overview: Merging the existing two-page dental record into the new four-page booklet format requires the following:
1) Do not rip apart a new dental record when updating an existing dental record
2) Separate the existing two-page dental record into three sections:
    - The Hygiene Recall page (back side is the original demographics)
    - Hygiene Charting page
    - Continuing Care Recommendations page
    - All Treatment Notes
3) Staple Routine Hygiene page on the same area of the new four-page booklet
4) Staple the Periodontal Charting pages on top of area noted Initial Dental Data Base
5) Staple the Continuing Care Recommendations page onto equivalent section
6) Staple all Treatment Notes on the first page of dental treatment notes
    - (See Stapling Technique for all applicable stapling)

Dental Folder
Dental Folder Maintenance
The dental record folders are to be organized in the following manner:
1) Front Clear Pocket Stores:
    a. Lab slips
    b. X-Ray envelopes and bite-wing x-ray (BWX) holders (may require trimming)
    c. Doctor letters
    d. Insurance benefit estimator
2) In Folder
    a. Patient chart
    b. Panorex

Dental Folder Labeling
All folders (including dental records) are to be labeled in the following manner:
1) Place year sticker to the taller open end corner of the chart
2) Type two name stickers in the following order: last name, first name, and middle initial.

    Example: Smith, John D.
3) Place a name sticker on each side of the chart, last name next to the year sticker and cover with 'clear' name cover.
4) Place three alphabet stickers (next to the name) of the first 3 letters of the last name, again wrapping around from the front to the back.

Example: S M I
5) Place self-adhesive clear pocket to outside of chart on front (smaller) side
6) Insert patient specific chart

Dental Record Maintenance
Pulling and Filing
1) Alphabetize the list of documents needing to be pulled or filed before starting
2) Retrieve or File charts in alphabetical order

3) Sort the retrieved documents as they are being pulled into the desired order by provider

Filing Dental Records

Overview: Filing dental records requires accuracy to ensure the ability to quickly and efficiently retrieve dental records.
1) Verify accurate spelling of the patient's name, which may include name changes due to marriage or divorce
2) Verify corresponding letter stickers are fully attached using the first 3 letters of the patient's last name
3) Ensure the appropriate year sticker is affixed above patient name that correspond to the last treatment day
4) Alphabetize the list of documents needing to be pulled or filed before starting
5) File record according to last name in alphabetical order

Pulling Dental Records
1) Please see guideline for printing routing control forms
2) Alphabetize the list of documents needing to be pulled or filed before starting
3) Retrieve or File charts in alphabetical order
4) Sort the retrieved documents as they are being pulled into the desired order by provider
5) Review chart contents to ensure the following parameters are met:
6) The list of required Dental Records should be alphabetized before pulling in order to efficiently pull the files.
   a. All PA envelopes are in the outside plastic pocket
   b. All lab slips are in the outside plastic pocket behind PA envelopes
   c. All communication from specialists should be behind lab slips
   d. All treatment pages are properly stapled into the dental record (See Dental Record Organization and Stapling Technique)
   e. Evaluate the overall condition of the dental record itself (replace with new record as needed)
7) Place fully prepared routing control form in the front plastic pocket with this visit treatment plan, TVTxpl (See Next Visit Treatment Plan, NVTxpl)
8) Place all dental records according to provider in appropriate section of dental record wall

Request for Records
1. Transfer to another office
   -specialist LOE/Tx
   -Transfer to new Dentist
2. The Patient
3. To Third Party
   -Insurance
   -Attorney

Transferring Dental Records
1) Form: Transfer of Records Form
2) Fees:
   a. Individual (x3)
   b. Family (4 or more)
3) Payment before release
4) Any of the following requests for dental records must be personally addressed by Dr. Wolcott
   a. Request by attorney/legal consultant
   b. Request by Participating Insurance
   c. Request by another dentist for specific area/problem

Staple Position

All Dental Records should be stapled in the following manner:

→ Staple Location 1 ←   → Staple Location 2 ←

2 Staples just right and left of center (not outside edges)

Scheduling Appointments

The policy of this office is to schedule all appointments and treatment in a manner that will provide adequate time for the dentists to deliver high quality care and timely treatment. *Patients should wait no more than 15 minutes* for their appointment except for an emergency or episodic, clinical problem encountered by the dentists treating a seated patient.

Do not be afraid to get the chart, review and/or have a doctor review it with you when there are questions. It's bad to make a bad appointment, it's better to make few mistakes.

Treatment Delay

If a Doctor is delayed then check with the Doctor to adjust their schedule to decrease pressure (i.e. push patient appointments later or reschedule). If it is required to delay a patient from their scheduled appointment time for more than 10 min, the staff are required to make all reasonable efforts to find the cause of the delay and inform the patient. If a patient delays more than 50% of the appointment time, then check with the Doctor to see if it is alright to reschedule.

To implement this policy, dentists will list all common chair side procedures and assign an amount of time necessary to complete each procedure in 10-minute time units. Thus, *all patient appointments are scheduled in 10-minute units.*

Scheduling efficiency and efficacy will be maximized in the following ways:

Call List and Quick-Call List:

The administrative staff will be responsible for developing a call-list and quick-call-list of patients. The call-list will be comprised of names of patients who can come to the office for treatment on <u>relatively</u> short notice (2-6 hrs. notice), and the quick-call-list is for patients who can come in on short notice. Both groups can be recruited from the existing patient population by announcing (in issues of the practice newsletter) that these lists exist and offering some incentive for placing one's name on the lists. This incentive is usually quicker completion of the treatment plan.

Scheduled Appointment Overview

Gaps in the schedule will be minimized by attention to these tactics, which increase scheduling effectiveness and the size of the patient population. Over-booking or provider/patient lateness with regards to the schedule also creates a strain on the staff; although referring to an available dentist to assist or provide treatment can minimize this strain.

Appointments will continue to be confirmed as a courtesy to our patients using the appointment confirmation procedure.

All post-surgical cases will be called before 9:00pm on the evening of their treatment by their treating dentist to express concern and to offer whatever assistance may be required; an entry may be made in the chart describing the call and any problems encountered (especially surgical). Patients will be called no later than noon the following day by the designated administrative staff.

Ideal Scheduling

Patient scheduling should be based on the block scheduling method. This method requires that the longest or most extensive cases, including any required surgery, be scheduled in the morning hours during which the doctor and the staff are freshest. Shorter appointments will be scheduled around the block appointments as a way to establish and maintain control over the schedule and to conduct treatment and the business of the practice in an orderly manner. Block scheduling also permits catch-up time to be scheduled close to the preferred times of 10:30am and 3:00pm daily.

- The ultimate schedule is having each day booked exactly the same and productive.
- Consistency in scheduling makes the day routine and smooth.
- If the doctor or the front desk is scrambling to make the day work someone didn't prepare.

Ideally a hygienist will have 12-16 appointments in their schedule each day and should see an average of 12.

<u>The Overview</u>

1) Large Time Blocks (Production) go first in Column 1.
2) Large Time Blocks (Production) go first in Column 2 at 8:30am and 2:00pm.
3) Shorter Time Blocks go first into Column 2.
4) Shorter Time Blocks go into Column 1 only 2 days before appointment day and must be overlapped not double booked
5) 'Emergencies' will be scheduled using the two categories of emergency and urgency. (see LOE)
   - Emergency: Needs to be seen ASAP, this is a come in now appointment (e.g. kid broke tooth and there is active and increasing swelling)
   - Urgency: Patient can tolerate a delayed appointment, space available, a today or tomorrow appointment (e.g. crown fallen off or chipped with pain for two weeks)

Specifics

Following making and entering an appointment
1) All appointments will have staff initials and the date the appointment is made.
2) Over lapping appointments between column 1 and 2 is a good thing.
3) Double booking most treatment is generally a bad thing (you need some additional concepts).
4) It's always best to fill from 830 and 2 and move later in the day.
5) You would need a damn good reason to book a sole patient a 430.
6) Last appointment for an emergency is 3:30 unless their head has exploded.

Ideal Schedule

Rules

1   Column 1 gets filled first   column 2 gets filled same time

* PATIENT GETS CROWN INSERT **SAME TIME** TWO WEEKS AFTER or as close to that time

2   All is up for grabs two days prior *n**o LOE after 330***   (the same day appts. to confirmed)

	Col 1 (production)		Column 2 (opt.2)	
830	Multiple cr / onlay or Any root canal with Column 2 blocked	or	Single cr (double book second cr)	830
			Insert cr / onlay LOE or NPE	910
1000	Single cr / onlay			
			Insert cr / onlay LOE or NPE	1040
1130	Single cr / onlay Or Selected root canal with Column 2 blocked		Insert cr / onlay LOE or NPE	1210
100	Lunch		Lunch	100
200	Single cr / onlay		Fillings	200

24

		Insert cr / onlay LOE or NPE	
		Fillings Insert cr / onlay LOE or NPE	250
330	or Any root canal with Column 2 blocked		
		Fillings Insert cr / onlay LOE or NPE	330
	Single cr / onlay		
	or		
		fillings Insert cr / onlay or NPE	410

Scheduling Guidelines

Time guidelines are set by speed codes with qualifiers. Doctors may adjust these as necessary.
- Column 1 production:
- Crown or onlay
- Anterior or bicuspid root canals
- Molar root canals
- Surgery of any type

Column 2:
- Comprehensive exam
- Limited Oral Evaluation (LOE) emergencies
- Composites
- Insert crown
- Insert onlay
- Second insert
- Try in anything
- Deliver occlusal guard
- Deliver denture
- Impress whitening, at home whitening
- Deliver whitening, at home whitening
- In office whitening

Scheduling Appointments, continued

For Hygiene Patients: pull up the main screen on the computer to check patient treatment status.

Update demographics
- Patient age (responsible party)
- Family members that are overdue for recall
- Insurance
- Date of last Hygiene visit
- Last dental procedure
- X-rays

Determine the time for the appointment as follows:

<u>30 Minutes</u>: All Child appointments
- Child comprehensive exam 15 and younger (new patient).
    - (prophy, exams, Panorex and Bitewings) **Parent must be present** (patient to come 15 minutes early so the responsible can fill out the chart.)
- Child prophy with or without X-rays or exam (up to age 18).

<u>40 Minutes</u>:
- Child comprehensive exam 16-18 (new patient).
    - billed as adult prophy due to eruption of premolars = adult dentition (no baby teeth)
    - prophy, exams, Panorex and bite-wings: **Parent must be present** (patient to come 15 minutes early so the responsible parent can fill out the chart)
- FMD (ultrasonic scaling, no polish).
- Adult Prophy and exam: 3, 4 or 6 month recall and exam with or without X-rays (age 18 and over)
- 1 quad (4-6 teeth) of scaling/root planing
- 1 quad (1-3 teeth) of scaling/root planning
- 2 quads total of 60 minutes

(Note: when available, the assistants can take Panorex, X-rays, and develop X-rays. When available, hygienists should help in sterilization.

<u>For Adult Comprehensive Exam (18 years or older)</u>: New Patients scheduled 10 minutes of admin (paperwork), 40 minutes Hygiene, for total of 50 minutes. 40 minutes is established in a regular scheduled slot, AND you add 10 minutes from the preceding appointment (above the one you are scheduling). This will make the preceding appointment look short in terms of treatment time, but it's really booked as administration time.
- Bite-wing x-ray (4) pan selected perioapicals (PA's)
- Perio Evaluations, Doctor Examination, Treatment Plan (txpl) Overview (Oral)
- May or may not receive hygiene treatment

Limited Oral Evaluation (LOE)
- Emergencies are described as bleeding, swelling or severe pain.
- All else is considered urgent.
- Both of which are booked as a LOE (limited oral evaluation problem focused.)
- In general, scheduling the exam may not always mean treatment or problem solved.
- For **late-day** pain, inform the patient that treatment we may need to treat or schedule the next day.
- For real emergencies, advise the patient the best time to come in or if a REALLY big emergency, tell the patient to come right in and that he/she will be seen during the first available break in the schedule unless appropriate changes in the schedule permit time.
- For urgent patients, they are booked according to the doctors availability no later than 3:30pm.

Failed/Late/Cancelled Appointment Protocol
Given that our dentists and hygienists have limited schedules and the patient load is continually growing, failures in their schedules are unproductive and frustrating. This is especially true with patients who desire their treatment with utmost urgency. In an effort to promote treatment commitment and to limit the number of failed priority appointments, our office has adopted a revised failed appointment policy.

Cancellations by patients within 2 business working days (48-hours) of a scheduled appointment should be minimized. A sign on the wall or reception desk to non-verbally reinforce the practice commitment to this policy helps to reduce this problem. The cancellation policy should be reinforced through the newsletter, the patient-information brochure and with verbal reminder whenever a patient cancels within the 48-hour time period.

In addition, patients who regularly cancel or break their appointments or regularly arrive late (or at the last minute) for their appointments may be informed that all of their treatment may not be provided as schedule.

Double-booking, short appointments, changing or limiting planned treatment and re-scheduling patients are ways to make patients more responsible for their own behavior with minimum disruption to the practice schedule. If the behavior still does not change, it is appropriate to require the patient to seek treatment elsewhere and to refer him/her to other qualified treatment.

Lateness/Tardiness in Our Patients
- If it is a doctor or office delay, Dentists or assistants may offer the next patient the opportunity to either continue to wait (give a time frame) or re-schedule.
- We have to keep in mind that we, at times, have to make our patients wait due to changes in schedule or treatment turning into something a little more detailed. We try to be time aware but will not rush to stay on time. Rushing allows for mistakes and neither the patient nor we want mistakes.
- If patients are of record and have a history of lateness, depending on how late they are, we may not see them and request a rescheduling.
- Dentists or assistants, as a courtesy, remind them that the next time they are late, we may not see them.

Appointment Delays
If for some reason there is a delay, the patient should be advised, given an estimate of the length of delay with a clear explanation of its cause. In some cases it may be necessary to give the patient the option to reschedule.

If the delay is more than 15 minutes, note this delay for possible initiation of an apology letter to them.

Preferred Appointment Failures
Overview: There are certain appointments in the day, usually 7:30 am and after 3:30 pm, that most patients want for the convenience of work and/or school. Since these are preferred appointment times, the following rules apply:
- If a patient cancels an appointment with less than 48 hours' notice, the patient should be immediately informed of the office policy regarding late cancellations, which are effectively failed appointments and that they will be restricted from preferred appointment times for future visits. Also, all other failed appointment fees will be applied (see Failed Appointment Protocol) and appropriate ledger notes made in the computer.
- If a patient fails to appear for the scheduled appointment, a failed appointment fee is applied and a notation is made in the remarks area indicating that the patient is to be prevented from having another preferred appointment time.

Multiple Family Member Failures (same day)
Overview: While the convenience of scheduling multiple appointments for family members at the same time or subsequent times is evident, this provides for a heavy liability to both the responsible party and the administrative staff. Therefore, late cancellations or failure of multiple family appointments will be treated under the revised protocol:
- If a patient calls to cancel a family's appointments with less than 48 hours' notice, the patient should be immediately informed of the office policy regarding late cancellations, which are effectively failed appointments and that they will be restricted from making multiple family appointments on the same day. Also, all other failed appointment fees will be applied (see Failed Appointment Protocol) and appropriate ledger notes made in the computer.
- If multiple family member appointments are failed, a failed appointment fee is applied to each patient's account and a notation is made in the remarks area indicating that each family member is to be restricted from having appointment times on the same day as another family member.

Understandable emergencies and problems may occur that result in failed appointments. Waiving of a failed appointment fee or a restriction is at the discretion of the Office Manager and Dr. Wolcott.

Failed Appointment Fee Definition
- Appointment Cancellation or Failure within 2 days = 2 business days excluding weekends and holiday OR =48 hours
- business days is inclusive of 'today' if it is before 12 noon
- 2 business days excludes 'today' if after 12 noon
- Cancellation / failure message by phone, text, or email are unaccepted

Fees Collection
To enjoy the fruits of our labor and maintain a fair and equitable level of fees for our patients we will require payment for all treatment at the conclusion of each appointment. Exceptions to this policy will be made only by the Office Manager based on the requirement to keep practice accounts receivable to a level of about 2 weeks average production.

Recognizing that payment by insurance has become a legitimate and important source of funds to pay for treatment, concerted effort will be made to inform current and prospective patients about our capacity to administer all the required transactions between them and their insurance companies. Forms to collect fees from insurance carriers will be filed on the day treatment is rendered, using a computer-generated form. The amounts paid and the timeliness of collections from the carriers will be checked once weekly.

Collection of cash for full fees and deductible amounts; however, require careful scrutiny and tighter controls. At the conclusion of treatment for all cash patients, the patient will be told the treatment rendered and the fee and asked, 'How will you pay for today's treatment?' They will be told about the practice's willingness to accept cash, personal check, company checks and credit cards. Payment is due for treatment at the end of each appointment' or some other similar message. This message should be reinforced periodically, consistently and professionally within the practice.

Non-Payment and Delinquency of Accounts

For those patients who 'forget' to bring cash or check, the practice will give them a statement for services rendered. A financial statement of debt will be signed and a payment arrangement is to be established. A note will also be made in the patient's record.

If it has not arrived 20 working days later, the patient will be telephoned to remind him/her about his/her obligation to pay for treatment and/or ask if the check has been mailed.

Delinquent accounts (delinquent in their payments) will be telephoned to remind them of their obligation. If the patient has not paid by the 60th day following treatment, this message will be added: 'Our accountant requires that we have your check within 2 days or we will be required to start our collections process.' Obviously, this remark will have to be tempered based on extenuating circumstances or other arrangements that have been made between the practice and the patient. Once said, however, the account should be turned over for collection administrator without hesitation.

Discount Dental Plans

Discount Dental Plans help promote preventive dentistry with little, or no, cost to the patient for basic dental care. By minimizing the paperwork involved, more plan dollars can go to direct patient care. Therefore, all plan patients are required to pay in full for services rendered at the time of their service. Any courtesy for cash does not apply for services rendered under Discount Plan programs (due to the existing 50%-70% fee reduction). This policy includes payment for crowns, bridges and prosthetics.

Pay-In-Full Exceptions (Edit Needed)

Patients that have ??? planned or have ??? patient portion may ask for deferred ??? payment in advance. It is the responsibility of the receptionist or Doctor who grants the exception to note it in the chart and to track the payment schedule agreed to by the patient. For all crown and bridge or prosthetic (denture) cases, at least 50% of the fee should be paid initially as a down payment. If the down payment is not paid, the prosthesis will not be forwarded to the lab for processing. In this case, the balance is to be paid at the next visit.

The balance due for all treatment is to be estimated and the patient asked to pay only the patient portion.

For others with traditional insurance policies, the estimated balance for treatment rendered is based on previous records of deductibles and percent reimbursement. Patients are required to pay the deductible, if applicable, and the estimated balance that is not covered by their insurance. Balance statements will be sent if payment from the insurance company differs from the estimate. Patient is directed to ???? for EOB.

More important than any method is the necessity to 'educate' patients about practice policy using the next visit treatment plan (NVTxpl) and today's visit treatment plan (TVTxpl) and staff reinforcement of patient responsibility to pay for service.

Payments Made by Mail

Payments made by traditional mail will arrive in two forms.

Checks By Mail

Checks are to be sorted into two groups, personal checks and Insurance checks.
- **Personal checks** received are to be posted as over the counter checks by any front desk administrative staff. All checks are to be stamped on the back with the 'for deposit only' stamp and processed following posting payments and end of the day financial policies.
- **Insurance checks** are to be gathered separately and are to be posted by the AR manager. All checks are to be stamped on the back with the 'for deposit only' stamp and processed following posting payments and end of the day financial policies.

Credit Card Requests by Mail

Credit Card Requests are to be processed and posted as over the counter payments by any front desk administrator.
Following the listed procedure: (follow the End of the Day Financial Policy as necessary)

1) Credit Card is processed via direct key in with patient on phone, no credit card number is written down
   - Receipt is printed
2) Amount posted to a patient account with ledger note of transaction
3) Printed receipt and updated receipt via PV printed and mailed to the patient or scanned and emailed to the patient.

Patient Overdue Account/Collections Protocol

Overdue accounts are any account that has received one or more statements or are over 30 days from the visit or balance billing.

Delinquent Patient Balances

When a patient's balance (not insurance) is greater than 70 days it is considered delinquent and our collection process is initiated. The start of the 70 days is determined when the amount becomes the patient's responsibility, which is either from the date of service and the patient portion is not satisfied, or from the date when insurance balance billing after all insurances have responded or reverted to the patient. At this point, a final notice letter will be sent.

1) The patient's account is reviewed with a trial balance (TB) to ensure all charges are correct, and all insurance payments and adjustments are correctly noted in the patient's ledger. Also, we should ensure the patient has received a minimum of two statements regarding this balance.
2) A final notice letter is sent to the patient with a detail ledger that is highlighted to indicate the balance. When sending a final notice letter it needs to include the date you are sending the letter, the dollar amount due, and the date the balance needs to be paid off in full by before the collection process is initiated.
   a. The final notice letter is saved as a template under letters on the notes tab of the patients account.
   b. A post of services Trial Balance in the patient ledger is provided.
   c. A ledger note that indicates a Trial Balance was provided.
   d. The patient name is placed on the collection tracking form and a tickle file is made to start the collections process.
3) Once the date indicated is reached the account needs to be reviewed in detail to see if the account has been brought up to date. If the account is considered delinquent, the collection process begins.

Collection Actions

Collection actions are initiated but first transferring the patient to cycle 4 and collection tracking form is to be generated.

1) All final notice patients are charged a transfer to collections fee (code 14000).
2) Under the financial tab the patients billing cycle is changed to cycle 4.
3) An attempt is made to contact the patient by all phone numbers and e-mail addresses available. If the patient is directly spoken to, state this is a courtesy call to resolve the balance, and if the balance is not resolved during this phone call, our collection process has been started and additional fees have been applied and the next contact may be from our collection agency. IF only messages can be left or AN E-MAIL IS SENT, let them know that this is a courtesy call regarding their delinquent account and actions have been initiated for collection, which may be handled outside our office. (DO NOT SAY COLLECTION ACTIONS)

Sending to a Collection Agency

1) There is a Microsoft Excel template (the collection tracking form) that all new cycle 4 patients information has to be entered into.
2) When the collection tracking form is complete for patients that are ready to be transferred to collections the specific patient data must be sent to Dr. Wolcott and Dr. Centty for review.
3) Once Dr Wolcott and Dr Centty have reviewed the patient's specific collection tracking form, they will highlight the patients that will be sent to our collection agency and return the spread sheet. Within one business day these selected accounts are sent to our collection agency.

Collection Phases

Phase 1
This is for patients who have a balance that is less than a year old. These patients receive 3 letters in regards to settling their account before reporting this debt to their credit report.

Phase 2
This is when past due patient balances are sent to credit report companies. This is done only on the approval of Dr. Wolcott or Dr. Centty. The collection tracking form will be updated and forwarded to the collection agency for processing within one business day.

Patient A/R Contact Scripts

It's always a difficult situation to contact patients regarding outstanding balances. It's always best to be polite and empathetic (not sympathetic). The patient has received dental care with the full knowledge there is a fee association. It is now time that the fee needs to be satisfied – in full no payment plans. A ledger note (LN) is required with each contact attempt and result.

A/R 70 LMT Script
Hello Mr./Mrs./Ms._____, this is _____, calling from your dentist's office. We have been reviewing our files, and your account is now unpaid over (3 months, etc.) for the amount of $_____. Your account must be paid immediately or we will start the collection process which may affect your credit score. Please contact us at 301-439-7878 as soon as you get this message to make payment. Please ask to speak to me, _____ as I have all of your account information. Thank you, and we hope to hear from you soon.

A/R 70 Contact Script
Hello Mr./Mrs./Ms._____, this is _____, calling from your dentist's office. Do you have a moment to speak with me? We have been going through our files, and I see here that your account is delinquent. Were you aware of this? Your account is delinquent for over (*3 mo, 4 mo, 6mo, etc*) and your balance stands at $_____. You need to pay this balance today, or we will start the collections process. How would you like to make the payment? We take a credit card over the phone and send a paid in full receipt today, would that be good?

A/R 70 Follow Up Script
Hello Mr./Mrs./Ms._____, this is _____, from the dentist's office. I'm following up on my earlier call regarding your outstanding balance with us. The amount owed is $_____. You need to make a payment to settle the account by (DATE) or we will start the collection process. How would you like to pay this?

Patient A/R Payment Common Objections and Responses Guidelines

"I can't pay for it all today."
- **Response:** Sir/Ma'am, at this point, you really need to take care of this balance. Are you sure you can't pay this today? **(Wait for answer. If still the negative, proceed)**
- If you can't make the full payment, can you at least make a partial payment? I could accept a partial payment of $_____ *($350 or half the bill, whichever is greater).* Can you pay that? **(If negative, proceed)**
- Well, Sir/Ma'am, what *can* you pay today to keep your account from going to collections for another 15 days? **(Payment must be a reasonable portion of the balance to be accepted).** Alright Sir/Ma'am, we'll accept the payment of $_____, with the understanding that the remainder of the bill must be paid by *(date)*. If the remainder of the balance is not paid, your account *will* go to collections.

"My insurance will take care of it."
- **Response:** Ma'am/Sir, your insurance (paid for part of/ unfortunately doesn't cover) this procedure, which is something you should speak to your insurance company about. They won't speak with us because it's your name on the insurance policy, not ours. The amount I quoted is your portion that you are responsible for at this time.

"I don't remember having that work done."
- **Response:** I understand that it can all run together, but our records clearly show that you had the procedure on (date), which puts your account at (3mos, 4mos, 6mos, etc) past due.

"You were supposed to call me."
- **Response:** Sir/Ma'am, I can understand your position, and while I can't speak to previous arrangements, we are speaking now, and we should take care of this matter immediately.

"You were supposed to send me a bill."
- **Response:** Sir/Ma'am, according to our records we have sent you ___ bills since your work was done. Since they don't seem to be getting to you, let's make arrangements while we're speaking to get this bill paid. I'll be happy to send you a copy of the charges noting the payment both by fax and a letter today.

"I can't make the minimum payment you quoted me."
- **Response:** Alright, if you can't make the minimum, how much can you pay? You'll need to pay off the remaining balance by the 15th of next month. Alright then, you're going to make a payment of $_____ by the end of the week, and pay the remaining balance by (mm/dd/yy). I'll be contacting you shortly before that date to confirm payment. It's very important

that you pay the remaining balance as well. Failure to do so will cause the system to automatically send your account to collections.

"You're wrong, I'm not paying you anything."
- **Response:** Sir/Ma'am, if you refuse to make any payment, your account will be automatically sent to collections. When it gets turned over to our collection agency, it could end up costing you as much as twice what your current balance is, additionally it will be out of our hands from there on. This may also affect your credit rating, which may cause future difficulties for you. Are you certain that you wouldn't rather work with me to get this resolved?

"I can't pay for it all today"
- **Response:**
    1) Sir/Ma'am, your account is in danger of going to collections if we don't take care of this ASAP, are you sure you can't pay this today?
    2) Well, with your balance I could accept a partial payment of (must be majority of balance)

Resolving Un-Paid Claims

You will need to be prepared to hear the most common response from your insurance company,…**'Your dentist never sent a claim.'**

I hope you understand with the information on the previous page we have sent the claim. For us not to send a claim is paramount to saying "We don't want to get paid so we refuse to send your insurance company a bill".

Our recommendations to correct your account are the following:

1) Please forward the amount due on your last statement, as this amount is now delinquent. As this may be a slight inconvenience to you, please understand that inconvenience is doubled here at our office.

2) Please confirm that all of your personal information in our computers and on your claim is correct.

The information most needed is
   a. Correct name of policy holder and or patient
   b. Correct billing address and work and home phone numbers
   c. Correct SSN of policy holder and or patient
   d. Correct Employer
   e. Correct Insurance Card
   f. Correct Plan #
   g. Correct Insurance Billing Address

If any errors are noted please contact our office to update your information. You may overwrite the corrections on your claim form.

3) Please review the date(s) and treatment(s) where your insurance did not pay on the attached accounting ledger.
   a. We understand that this ledger is confusing. We may have highlighted it for your convenience. Our dental software follows standard accounting principles and we process all treatment by 'line item'. Our services are listed in date order sequence as to comply with Federal, State, Insurance Company and office guidelines.

4) Contact your insurance company and review your claim with them including the submittal and re-submittal dates.
   a. You may fax your claim form directly to them at their request.

5) To re-submit any additional times for any other reason than a information error we recommend that you;
   a. Please call and set a time whereas you can come into the office to re-submit any of your outstanding claims.
   b. We will have an additional claim printed, an envelope labeled with your insurance company name and address, and postage affixed. Your claim will be ready for you (not us) to place in a mailbox of your choice; (outside our office building, at the post office, from your home).

c. You may select to have your insurance check sent directly to you if your balance is zero.
d. We of course will provide you a copy of your claim for your records;
e. Understand this visit will accrue an administrative fee of $25.00.

6) In about 2-3 weeks, please contact your insurance company for status of your claim. If they say anything other than your claim has been processed and you have a check in the mail for your treatment, we suggest you speak with a manager of your insurance company and your human resource manager at work.

Posting Treatment within Periovision

Go to **Patient's Tab**
1) Type in patient's last name
2) Highlight the name of the patient (double click)
3) Hit [**Post TX**]
4) Enter **Provider**
5) Enter **Code of Treatment**
6) Enter **Tooth Number** (if necessary, i.e., for services such as amalgams, composites, crowns, implants, x-rays etc.)
7) Enter **Surface/Roots** (if necessary, i.e., for services of amalgams and composites)
   - If additional lines are needed, press the **new** button
   - If you make a mistake, press the **erase** button
8) When finished, press the check [√]. This will take you to the **Billing Summary** screen.
9) **Adjustment**: enter amount of any adjustment and specify type of adjustment (i.e. patient courtesy, senior discount, etc.)
10) **Payment**: enter amount of payment, method of payment and specific check number as necessary.
11) Generate claim and receipt.
    - Under **Claim**s, highlight **Printed** and under **Print Now**, check **Claim** box and **Receipt** as necessary
    - Press **OKAY**
    - PerioVision will show you a **Print Preview** of the ADA Claim Form.
    - Review for accuracy and print claim form to be submitted to insurance.

Posting Payments within Periovision

Go to **Patient's Tab**
1) Type in the patient's last name
2) Highlight the name of the patient (double click)
3) Hit the [**Post $$**] button
4) **Payer** (Select issuer of payment i.e., patient, insurance from drop box)
5) **Mode** (Select method of payment from drop box)
   - If paying by check or money order, enter full check number
6) **Highlight** the line of treatment that corresponds to the amount being paid
7) Click [√] (check box) to continue
8) Enter in the **amount** for each payment
9) Enter **adjustments** as needed in adjustment column
   - If an adjustment is made, highlight type of adjustment (i.e., insurance write-off, patient courtesy, etc.) in adjustment type drop box
10) Click [√] (check box). This will return you back to the patient screen

Reception

Coming and Going of Patients
We want our entire business and clinical staff to view the reception area as a 'living room' and to be aware of its neatness and cleanliness at all times. Furniture and magazines should be neatly rearranged several times a day, and the patient education material and other literature should be kept in order.

A receptionist should greet all patients entering the office. When new patients appear for the first time, some pleasant comments of welcome should be made to the patient. The receptionist will then give the patient the practice information packet to complete. After receiving the completed information, the receptionist will inform the patient of the time it will take to be seen by the dentist or hygienist. Introductions to other staff are appropriate and can be made when the situation is appropriate.

All waiting patients should be given a realistic estimate of how long they will have to wait before being seen. We always try to be on time for all patients but sometimes-unavoidable delays do occur and we should apologize for them and keep patients apprised of delays and changes in the schedule.

Note: Usually it is difficult to see 'drop-in' patients and such patients should be asked to see someone else, to make an appointment for a later time or to be referred elsewhere. However, we should not try to send away anyone in pain.

The first front desk personnel to enter in the morning is responsible for turning on the compressor, suction, water, the stereo and to listen to messages on the office voice mail.

Greeting Patients
After the initial telephone call, the second contact usually occurs when the patient walks through the door. Special attention has been paid to the design and décor of the office suite to provide a warm, comfortable atmosphere. This can easily be negated or accentuated by the reception given by the person at the desk.

All patients should be greeted cheerfully and with a smile as soon as they enter. <u>Take a guess</u>! The schedule with the time, patient name and procedure is in front of you. Guess and surprise someone that you know what's going on. The guessing game also promotes that they are known and you are their ally and friend. If you are on the telephone when they come in, simply smile to acknowledge their presence. Be proactive in having them sign in on the "sign in sheet," promoting the time of arrival, name of patient and dental benefits. New patients are to fill out all required information.

Learning Names and Faces
Our basic commodity in this practice is its people. It is most important that everyone in the office knows our patients by name (as well as the name of patient family members- thus facilitating familiarity.) Any legitimate aid that helps us associate patient faces with names should be used. To make it easier for patients/parents to remember us, the staff are provided with nametags to wear on their uniforms daily. The nametag will include the staff member's first name and title, as appropriate. Additionally, administrative and assistant staff may make greater efforts to introduce patients to doctors, hygienists and other staff members. Our philosophy is to create an environment of familiarity and goodwill - especially to our newer patients.

Dismissing Patients
When the patient's treatment is completed, he/she will return to the front desk for dismissal (along with the completed chart and routing control form). It is important that the patient's processing be as smooth and as efficient as possible. Remember that the patient is our first concern. Whatever one is doing is secondary to that of attending to the patient. In this age of computerization, we frequently hear that the computer is displacing people. We must be deliberate in our efforts to avoid this trend.

The services should be entered into the computer. The patient should then be informed of the total and their estimated portion and asked, 'How will you be paying for this today?' If necessary, explain that we accept cash, check or credit cards. We expect payment at time of service for patient portions, and arrangements for delayed payment are at the discretion of the doctor and/or the Dental director.

When there are several patients being dismissed at the same time, it is important that patients be given attention first. While treatment/billing entries should be made immediately, non-treatment computer entries may be made later, to avoid creating a backlog at the front desk.

When patients state that they do not have cash, check or credit card, they should be given a walkout statement with our self-addressed envelope with instructions to mail the payment when they get home. Inform the patient that if the payment is not received within 5 business days, they will be called. Make sure to make a note in the computer of the exact date when the payment is expected/due.

Marketing the Practice
Policy and Procedures
It has become increasingly important for us to remind patients about the importance of dental care and to point out the special attributes of this practice: the qualifications of the practitioners and staff, fairness of the fees and convenience of hours and location. Marketing is also a means by which to inform satisfied patients of the manner in which they can help the practice maintain itself. For example, most patients do not realize the importance of referring friends and family to the practice, nor do many recognize that the entire family can be treated at one practice location. Often one family goes to several different dentists because the parents think that a pediatric dentist can only treat children and that a dentist of the same age group can only treat the

grandparents. This practice treats all adults and children. The following is a list of procedures we will use to market the practice. Some will be implemented immediately and others added as experience provides the foundation for more and newer methods.

1) Develop a call-list and quick-call-list (refer to Patient Scheduling).
2) Signs will be displayed in the reception room and at the front desk to express practice policy about collections, keeping appointments and appreciation for referral. The first should read: 'You help keep our fees reasonable when you pay for treatment at the end of each appointment.' The second should read: 'Changes or cancellation of your current appointment should be made more than 48 hours before your appointment.' The third sign should read: 'We are accepting new patients. Your referral of friends and family is sincerely appreciated.'
3) An improved referral system will include business cards for each staff member, the incentive plan for referrals by staff and consistent reminders of the practice's capacity to accept new patients. Business cards for staff are a way to indicate the value placed on staff and their commitment to the practice. Distributing one or two cards each week to friends and acquaintances can certainly increase the opportunity for new patients for the practice. Incentives for staff to 'recruit' new patients will certainly stimulate use of the business card as one important means of increasing referrals.
4) Meeting with professionals in study clubs and component society meetings and related functions can increase referrals from other practitioners, especially physicians, attorneys and accountants. Willingness to speak before periodic meetings of their professional associations about issues in dentistry could provide even greater results.
5) 'Welcome' and 'Thank you' messages are increasingly important. Post-operative check-up telephone calls and sending a 'Welcome' package to all new patients are very important. They both establish and maintain communication and caring contact between the practice and the current and new patient. It is also important to send tasteful messages by handwritten or printed cards to patients and professionals who refer patients. 'Thank you' notes expressing 'appreciation for the confidence you have in us' most often have positive effects on the referring person. Sending greeting cards to patients on special days are also important. For example, 'congratulations', 'condolences' cards, and/or 'Seasons Greetings' cards for all the patients and other similar ideas. Express 'Holiday Greetings' on all billings to patients and in any other communication between the practice and patients.
6) It is important that a member of the front desk staff telephones each new patient and offer information, advice, counsel, and 'reassurance' by answering any questions about location, fees or treatment. It is also an excellent way to reinforce practice policy about appointment behavior and collections policy.
7) Combining the idea of 'thank you' notes and recognition of patients, the practice will continue to keep several dozen flowers on the front desk. One will be offered to each patient who pays at the time of service, has referred someone, has been a long-time patient or for any other reason.
8) The practice newsletter will continue to be written and mailed several times a year. This will be a key element in marketing efforts to address issues vital to improve patient relations, especially services, fees, appointments, location, insurance, clinical competency, office hours and other important matters.
9) The reception room will be made more comfortable using new subscriptions of interest to practice patients. These magazines are for in office use only. If a patient requests to keep a current circular, offer to photocopy an article as a solution or an older one (use a generous discretion). Let them know when they are done to pass it on to a friend. A relaxing atmosphere contributes to the reduction of stress among most dental patients, making treatment more pleasant for patient, staff and dentist alike.
10) Staff meetings will be held occasionally to appraise achievement of practice goals and to correct performance inconsistent with present goals. The meetings will last 1 hour (or less) in length and will be conducted by an agenda prepared before the meeting. The meetings will be positive in objective and conduct. They will be a means to guide and direct behavior; the theme for all meetings will be **HOW** we can all work better together. Meetings will be scheduled during an extended lunch period or during the late afternoon—whichever is most appropriate.
11) Recognizing that the practice telephone is a major point of contact with current and future patients, the telephone will be answered by a staff member during all hours that the practice is open (the front desk will be staffed by at least one person at all times). The telephone will be answered, 'Good (morning/afternoon/evening), Dental Health Associates, this is employee name how may I help you?' The telephone will be answered primarily by the front desk staff: during periods of many incoming calls, the office manager and all other helpful staff will also answer the telephone when there is a need or opportunity.
12) The hygienist will include reference to the availability of fluoride treatment and fissure sealants in the office and its benefit and cost, as part of all home-care treatment discussed with selected patients. Selected patients are those who have recently completed periodontal treatment where there are extensive areas of exposed cementum, those who have had extensive reconstruction or restorative work and those who live in areas without fluoridated water.
13) All dentists, hygienists and chair side assistants will become, and remain, qualified to administer CPR. Any interested administrative staff is also eligible. The fee for CPR instruction will be paid by the practice. Staff will use time to take the course during which the practice is normally closed.

14) All dentists and staff members will actively recruit new patients at every appropriate opportunity and assist each other to do so. Among the means to do so are to discuss the advantages of care by this practice with non-patients (parents, friends and relatives of current patients), to assist persons with the decision to initiate treatment or 'transfer' to this practice and to coordinate the details with the Office Manager to have records transferred to this office. The front desk staff will implement a system by which a file is created and a 'Welcome' sent to each patient. (See "Reception")
15) All practice clinical and ancillary services will be announced periodically in the practice newsletter.

Treatment Plans

The overview of treatment plans is to separate the treatment plan into phases and individual appointments. Since our existing dental software does not allow for a combination of the two, we will be scheduling by appointments. The overview on arrangement of appointments would be: urgent, stabilization, routine restorative, and complex procedures.

Urgent Appointments
Are to be listed in a priority fashion to include:
- Referrals to specialists
- Consultations
- Extractions
- Caries control

Stabilization Appointments
Include follow-up care after specialty services. This includes provisional crowns, bridges, temporary fillings and full mouth debridements.

Routine Restorative Appointments
Include amalgams, composites, cores, crowns and routine hygiene appointments

Complex Appointments
Include dental implants, establishment of VDO (vertical dimension of occlusion) and advanced specialty care, implant surgery, etc.

Sextant Appointments
An overview of the rule of sextant appointments is that the mouth is divided into six segments; four of them are the molar and pre-molar areas of each corner of the mouth, the other two areas are the front teeth, upper and lower. When scheduling appointments, we make all efforts to provide all the care necessary for these areas in one appointment. If there is little treatment that needs to be done in two adjacent or opposing sextants, it is customary to merge that treatment into a single appointment.

Once a treatment is derived, it is recommended that the dentist review and make any necessary corrections.

Fee Estimates

Everyone knows why prices are placed on every item of the grocery store. There are few people that will purchase without looking at the price. Price is value, and value, to many, is the **out of pocket** or to **squeeze the insurance company**. Our fees are set, they are made available to our patients with no apologies as we attempt to provide the best care, best service and if unappreciated, the fee is the fee.

There are several times where it is both the patients and our professional responsibility to confirm the associated fees for treatment. As we attempt to promote a open information environment attempting to promote informed consent to treatment, it is a fine line to avoid making it sound as if we are there only for the money.

Fees are an administrator issue and the clinical staff should get out of the way. Generally we all can broad stroke estimates based on planned treatment using today's visit treatment plan (TVTxpl), next visit treatment plan (NVTxpl), and IC. Treatment may change and therefore the estimate will change with it. We intentionally over build with most common procedures and the actual price will be lower, which increases patient trust and value.

A significant complicating factor is the incorporation of dental insurance. With over 900 different plans in this area we have and manage a database that resembles only a best guess. FOR THIS REASON we only provide printed estimates for our dental

software (Periovision). We intentionally aim for the most accurate estimate based on payment experience with each insurance company plan. Generically, if you can't hit the number perfectly, then the fee estimate is strictly an administrator issue.

Hand written sticky notes with letters and number are not treatment plans.

Pretreatment Estimates
 'Predetermination of benefits' provides three things:
1) An estimate but no guarantee of benefits (this helps us as well as the patient)
2) Time for the patient to forget, delay or postpone treatment, (this provides no help to the patient)
3) A good reason to eliminate the value of treatment when they realize the out of pocket cost (this helps the Insurance company).

We provide the first 'predetermination of benefits' for the treatment the patient wants with pleasure and at no charge. If a patient requests that multiple options be submitted or that an option submitted a second time, a fee may incur.

It has been reported that if a pre-determination of benefits is submitted 70-90% of treatment ends up not being provided.

There are several times **that fees can and should be recognized as part of the treatment process**.
1) The patient responsibility
   a. The patient should ask as they are requesting and setting up an appointment
   b. The patient should ask as a treatment plan is being presented
   c. The patient should ask prior to treatment being rendered
      i. On arriving and checking in
      ii. Chair side
2) The Administrators responsibility
   a. All treatment fee requests will be returned in a PerioVision treatment plan format (e.g. NVTxpl or TVTxpl)
   b. All treatment plans will include tooth number, ADA procedure codes, associated treatment codes, surcharges, and additional notes (i.e., possible pulp = root canal ($1,000)/core ($547)/onlay ($1,000)). Additionally, must be verified by the provider prior to being presented to the patient.
   c. All treatment requests must be provided in a timely manner;
      i. Setting up an appointment requires broad estimates of the next visit treatment plan (NVTxpl) and a notation should be made in the appointment screen
      ii. On checking in, (if needed) review today's visit treatment plan (TVTxpl).
      iii. Chair side, with utmost haste, however delays may require today's visit treatment plan (TVTxpl) to be rescheduled.
      iv. Full treatment plans (CompTxpl), available 24-48 hours
3) The Provider (Dentist, Hygienist, Assistant) responsibility
   a. Next visit treatment plan (NVTxpl)
      i. Must be presented with tooth number/ quadrant, procedure/ ADA code associated treatment codes, surcharges, and additional notes (i.e., possible pulp = root canal ($1,000)/core ($547)/onlay ($1,000)). This shall be written on the top portion of the RCF or in the NV area of the RCF.
      ii. Treatment that is to be PROVIDED next visit must be placed both in the treatment plan / continuing care sheet and repeated on the routing control sheet.
   b. Today's visit treatment plan (TVTxpl) (Chair side), may require rescheduling of 'today's' treatment.
      i. Treatment that is to be PROVIDED THE SAME VISIT on the upper portion of that day's routing control form and presented to a administrator.
      ii. The provider is required to verify the presented treatment plan is correct
      iii. The provider is to allow the administrator to verify insurance benefits etc.
      iv. The provider is to wait until the patients' financial questions are resolved.
      v. The provider is to provide clinical information as requested.

Opening and Closing Receptionist Responsibilities
Immediately upon checking in

Compare the 'Daily Report' (from Closing Receptionist) to the corresponding 'Master Clinical Schedule' (from Clinical Area) and 'Master Hygiene and Doctor Schedule' (from Front Desk) and note the following
1) Patient name and procedures charged to proper provider
2) Review all patient entries of the 'Daily Report' (from Closing Receptionist), noting the following;

       a. When Charge = Payment Credit,
           i. Note with 'OK' to the right of charge amount
       b. When Charge does not equal credit note check insurance information;
           i. Total Charge sent out to insurance, note 'INS' in credit column
           ii. Partial Charge sent out to insurance, note 'INS $-----' in credit column
           iii. No Charge sent to insurance (no insurance), note 'NO INS' in credit column
       c. When Charge = Payment Credit and insurance information
           i. Note with 'OK' to the right of charge amount
       d. When Charge does not equal Credit
           i. Note 'DNC' (did not collect) and Check Out Receptionist's ID number to the LEFT of charge amount

3) At the end of each provider section
    a. Divide 'Insurance Charges' by 'Total charges', multiple by 100
    b. List to the right of 'Total Charges' on report as '% INS'
    c. Divide 'Patient Charges' by 'Patient Payments', multiple by 100
    d. List to the right of 'Total Charges' on report as '% Counter'
    e. Divide 'Total Charges' by 'Total Payments', multiple by 100
    f. List to the right of 'Total Charges' on report as '% Collection'

4) At the end of the report
    a. Divide 'Insurance Charges' by 'Total charges', multiple by 100,
    b. List to the right of 'Total Charges' on report as '% INS'
    c. Divide 'Patient Charges' by 'Patient Payments', multiple by 100,
    d. List to the right of 'Total Charges' on report as '% Counter'
    e. Divide 'Total Charges' by 'Total Payments', multiple by 100,
    f. List to the right of 'Total Charges' on report as '% Collection'

5) Sign Directly above A/R figure on last page of report

Place back into folder and give to Director of Operations or as directed.

Closing Receptionist Responsibilities

Policy for Credit Card Daily Settlement
Person responsible for printing and settling daily credit card transactions will settle the batch at the end of every business day.

Instructions for settling the credit card machine:
1) Press F3 for settlement
2) Verify that the totals report matches the daily summary report for the credit card
3) Press enter to confirm
4) This will settle the total daily batch and print 2 copies

Copies of the settlement batch will be placed with the daily deposit sheet as per deposit policy.

Policy for Daily Deposits

Daily deposits for cash, check, and credit cards are reconciled at the end of every business day. Receipts for cash, checks, and credit cards must be error-free. The processes for daily deposits are as follows:

1) Cash is counted
2) Checks are endorsed with the bank stamp alternating between the two accounts.
3) Checks are copied (minimize copies to fit as many as you can on one page).
4) Batch and settlement slips are verified as processed on date of business. (See policy on Credit Card settlement procedures)
5) To print daily deposit slip, do the following:
    a. Report, Daily, Print. Place a check mark next to Deposit Slip & Separate Credit Cards. Make sure the correct Start and End Date are entered in correctly then Press the green check mark "Ok"
    b. The report will come up showing cash, checks, and credit card balances for that day of business.
    c. Reconciliation and verification of these amounts must match and be error-free
6) Deposit is placed in an envelope that is sealed and stamped over the seal, front and back. The checks, cash and bank deposit slip should be included
7) Credit card receipts, along with the batch and settlement slips are stapled to the copy of checks.

8) The PerioVision deposit slip is then placed on top.

Troubleshooting the Deposit
Usually, out of human error, the deposit will not match. The best steps to verifying and correcting error are as follows:

1) Separation of routing control slips into forms of payment (cash, check, and credit card), to verify amount paid, amount entered, and employee who handled the transaction.
2) This is VERY helpful: run a daily collections report (Report, Daily, Print, Collections, Verify Date of Service).
3) Reconcile collection report versus EOB's as necessary and correct patient ledger for payments entered incorrectly.

Cash Bag
Because we have patients who pay their balances in cash, we try to maintain a cash bag with petty cash to help with transactions. A constant balance of $60.00 in amounts of five-dollar and one-dollar bills is ideal. Payouts from the cash bag are reconciled in Peach Tree under petty cash. (See Peach Tree)

Closing Receptionist Financial Responsibilities
(This is usually the Check Out administrator)

Before lunch break, and again at 4:30 pm

Verify a routing control is present for every patient seen or has checked out or failed.

Verify all procedures were properly charged to provider and the received amounts via cash, checks, and credit card are correct and equal using the method of 'Process for Daily Deposits' procedure without printing final day sheets

Checks Processes
1) Verify all checks are assigned to Hillandale Smiles
2) Stamp back of all checks with 'Deposit Only' information
3) Total checks with a calculator
4) Copy all checks on copier
   a. Place checks and check 'print out' face down on full copy area
   b. Reduce to 50%
   c. Repeat as needed, staple together if multiple pages
5) List total number of checks as '# checks' on 1st check copy sheet in red
6) List total check amount as 'Check Amount' 1st check copy sheet in Red

Process for Daily Deposits
1) Pull up Daily Report Summary on Collections with the day's date.
2) Date deposit slip from bank.
3) Match checks total with Check total of Daily Summary Report,
   a. Ensure both are the same amount.
   b. If they do not match exactly,
4) Write checks total on banks deposit slip in check section.
5) Total any currency and coin received. Add up all money on calculator and match with "cash" section of Daily Summary Report, ensure both are the same amount.
   a. If they do not match exactly,
6) Write currency and coin total on banks deposit slip in cash section.
7) Total both check and money amounts on deposit slip, recalculate and verify a match in amount on Daily Summary Report.
8) On an envelope write the day's date, your initials, in centre of envelope write DEPOSIT, in upper left hand side of envelope place company mailing address sticker and write "MAIL RECEIPT" next to it.
9) Place all money and checks as well as totaled deposit slip in envelop and seal.
10) Give envelope to Finance Coordinator or OM accordingly.
11) For credit card transactions, batch the credit card machine by pressing the "batch" button and match total with "credit card" section of Daily Summary Report, ensure both are the same amount.
    a. If they do not match exactly,
12) If and only if the credit card summaries match, hit enter in credit card machine to finalize batching.
    a. If Credit Card summary does not match,

13) Staple credit card summary and all customer credit card receipts to printed Daily Summary Report
14) For Collections and place in Day Folder.

BOTH Opening and Closing Receptionist Responsibilities

Policy for Reviewing Office Voicemail

The person responsible for reviewing the office voicemail will check the messages first thing daily and periodically throughout the day to ensure all calls are answered in a timely manner.

Instructions to review voicemail messages:

1) Using any phone line, dial [_____].
2) You will then hear, "Please enter your security code."
3) Enter in [_____]. It will state, "Dental Health Associates."
4) Enter in [_____].
5) If there are new messages the system will reply, "You have # new messages."
6) If there are no messages it says, "You have no new messages", just hang up.
7) When there are messages you will hear:
8) "To listen to your message press one"
9) Go ahead and press 1. The message will begin playing.
10) After the message finishes playing the system gives you options:
    a. "To replay the message, press 1"
    b. "To play the next message, press 2"
    c. "To erase the message, press 3"
    d. "To play the previous messages, press 4"
    e. "To reply to the message, press 5"
    f. "To redirect it, press 6"
    g. To listen to the message information, press 7"
11) If you need to save the message use option 2. It automatically saves it and moves to the next messages.
12) If you do not need the message anymore use option 3 and delete the message.
13) You can also hit the # key to skip to the end of a message.
14) To activate the # key you have to press #,*,#.

Please remember to periodically check the system to see if there are any messages left on the machine throughout the day. The system does notify you if there is a new message by sending a pulsing dial tone on line 301-439-7878.

Submission of Dental Benefits

As a courtesy to our patients, we submit an Attending Dentist's Statement to their dental benefit company/insurance carrier for dental treatment provided in our office.

The Attending Dentist's Statements are submitted immediately after each appointment. The State of Maryland dictates benefit companies/insurance carriers must respond to a doctor's statement within 30 days of submission. Our office provides an additional 15 days as a reasonable "turn around" time for receipt of payment from a dental benefit company/insurance carrier. If payment is not received in 45 days, the dental benefit company/insurance carrier's portion will be transferred to the patient and will become due immediately. At the time when this outstanding balance is paid in full, we will provide the patient with a statement that can be submitted by the patient for reimbursement from the dental benefit company/insurance carrier.

Secondary dental benefits will be submitted only when the primary benefit company/insurance carrier responds and all outstanding "out of pocket" patient balance for that statement is zero.

When the patient's Primary dental benefit company/insurance carrier is a capitation or discount fee managed care plan that this office participates with, our contract with these companies states that " the patient will be expected to pay all co-pays/member fees in full at the time of service." We will provide a statement to the patient that will assist them in requesting reimbursement from their secondary dental benefit company/insurance carrier. Or, we will submit a statement to the patient's secondary dental benefit company/insurance carrier on their behalf.

Although we do have information about many dental plans in our computer system, it is impossible to have current information on all of them. We ask that you contact your dental benefit company/insurance carrier with additional questions regarding your benefits. We can estimate benefits based on the latest schedules we have received, or based on historical data. However, until we have received the Explanation of Benefits from a dental benefit company/insurance carrier, we will not be able to determine your final outstanding balance for a particular statement.

Participating Insurance List
Unavailable as the office participation will change without notice

Insurance Verification (Edit Needed)
Using the Insurance Verification Form and Annual Insurance Update, check in a patient. A New Patient (NP) appointment requires filling out the first six (6) lines and then passing the Insurance Verification Form to the Insurance Manager for updating the patient's insurance at the patient's first visit or first visit annually.

Insurance Update
- Insurance is updated every fiscal year.
- The first visit of each year we will update the insurance profile.
- A year indicator is the first two numbers that corresponds with the year of the most current update (i.e. 2012 = 12 Insurance Plan).
- See policy Annual Insurance Update

Pre-Appointment Deposit for All Appointments with copayment or >= 50 minutes
Our office has the ability to offer a greater spectrum of dental care to our patients by providing specialty services. The time and care provided by our specialists are in greater demand by our patients who require advanced dental care and services.

Given that these dentists have limited schedules and the patient load is continually growing, failures in their schedules are unproductive and frustrating. This is especially true with patients who desire their treatment with the utmost urgency.

In an effort to promote treatment commitment with our scheduling patients and to limit the number of failed appointments in these schedules, our office has adopted a revised policy regarding specialty scheduling:

- All patients are required to provide a pre-appointment deposit when the appointment length is 50 minutes or greater.
- The pre-appointment deposit will be assessed at a rate of 20% of the billable amount or the patient co-payment for that procedure, whichever is greater, with a minimum of $60.
- The pre-appointment payment is to be collected at the time the appointment is scheduled.
- Any pre-appointment payment will be applied to the final balance after treatment is completed.
- Any adjustments to payments (i.e., professional courtesy, insurance adjustments) will be made after treatment has been provided.
- In the event that the pre-appointment deposit incurs an over-payment for provided care, the excess will be applied to the patient's general balance.
- In the event that the patient's pre-appointment deposit incurs a patient account credit, the patient may request and receive a refund check. Generally, refund checks are provided at the end of the month when the billing cycle is closed.
- Should an appointment be canceled with less than 48 hours' notice, this cancellation is to be considered a failed appointment. The pre-appointment deposit will be used to reconcile failed appointment charges.

The reservation fee is to promote a limited amount of failures, as well as stressing the importance of maintaining a scheduled appointment.

Understandably, emergencies and problems may occur that result in a failed appointment. Elimination of associated fees and restrictions are at the discretion of the attending specialist, Office Manager, or Dr. Wolcott.

Our fee for broken appointments is $30.00 per half hour or any part thereof and is generally not covered by dental insurance.

Policy on Independent Contractor Lab Fees & Surcharges

We make every effort to reimburse promptly contractual obligations regarding lab fees incurred by our independent contractors. Although 'Per Doctor' managements vary slightly an overview is listed below.

1) A detailed receipt is to be provided to the office manager at any time prior to monthly office statement printing.
2) Ledger notes will be made to patient's ledger regarding 'per procedure' lab costs reimbursement.
3) Lab cost reimbursement is approved when either:
    a. Procedure is 'patient portion' paid
    Or
    b. Patient payment plan is current.
4) A surcharge will follow standard accounting rules of first in, first paid where as a surcharge is always first and will not be addressed to providers' production or collection.
    a. When a laboratory 'Surcharge' is posted to an account the surcharge amount must be paid in full at that time.
    b. If the surcharge is not paid in full, continuing care regarding any procedure will be delayed until the charge is fulfilled.

Example:
Posted:
- Ortho Record Fee $ 350.00
- Orthodontic treatment $ 4,500.00
- Invisalign Lab Fee $ 2,000.00
- Invisalign Treatment Adjustment $ 500.00

Payment:
- Orthodontic Records Paid $ 350.00
- Invisalign Lab Fee Paid $ 1,500.00
- Orthodontic Treatment Fee $ 0.00
- Invisalign Treatment Adjust $ 0.00

The payment description above indicates surcharges not fully satisfied, therefore no active treatment or orthodontic appliances can be fabricated.

It is inherent that we collect 'actual' cost prior to starting treatment.

Ortho Treatment Step-By-Step Appointments

Initial Screening
This is an initial cursory evaluation to determine if orthodontic treatment is appropriate. This includes evaluation of timing for re-evaluation or records to make final diagnosis and treatment plan

FEE   Child   No charge
       Adult   Charged same as LOE (Limited Oral Evaluation)

Records
       Patient gets models, xrays and photos for final diagnosis and treatment planning.

FEE $350 estimated

Treatment Planning and& Financial Arrangements
Patient is provided with diagnosis and treatment plan overview and prognosis. If patient agrees with presentation and agrees to orthodontic contract, deposit for treatment and financial arrangements are made.

The treatment fee is a base fee for standard metal brackets, bands, and wires for a routine 18-24 month standard stage II (two) treatment. This does not include initial retainers, which are separate and billable.

Surcharges are often assessed at this time when related to initial treatment fee, i.e., include porcelain or acrylic brackets, stage one appliances and Invisalign charge.

The office visit / infection control fee is separate and billable each visit and is expressly not included in the treatment fee.

Extended Care fee: If a patient exceeds his or her contract period, charges will be a per month fee. The fee is calculated by the initial contract fee divided by the term of the contract

For example: a patient has a 24-month contract at $5000. That is $5000/24 equals additional visits beyond the 24 months would be $208.33 per month.

Initial Treatment
- Patient must satisfy all (100%) of all surcharges plus make down payment for treatment

Ortho Recall
- Periodic recall visits for the contract as outlined in treatment planning, not to exceed 24 months

Inventory Control

As healthcare providers, we know that we must have what we need to do the job correctly. It is also important to the financial health of the practice that supplies and materials always are available for our use and that they are ordered in proper quantities from the source that can provide the fairest price and the most consistent service. Once placed, our order should be received within the time stated by the sales representative or catalogue. Once received, it should be checked with the original order, the bill submitted for payment and the items stored properly.

Major objectives of this system are to:
1) Prevent out-of-stock and rush ordering of supplies and associated excess fees.
2) Schedule a specific time, daily or weekly, to take inventory and assign primary responsibility to a specific person,
3) Determine how much of each item should be kept in inventory,
4) Take advantage of all reasonable purchase discounts offered (and minimize necessity for emergency orders),
5) Store all inventory items properly and conveniently,
6) Record all inventory transactions and mark in appropriate vendor files.
7) Minimize waste in ordering/using/dispensing all supplies and materials.

To achieve these objectives, an Inventory Control Form will be used to record each separate item in our inventory and its description and status. Factors recorded are the item name, order point (point at which a new order is placed to replenish the required supply on hand) and the order amount (amount necessary to replenish the required supply). The status of each item will be determined by recording the date of each inventory transaction (quantity-in, quantity-out, recipient of the item(s) and balance on hand). As an aid to keeping track of our relationship with suppliers, we will also record the date that the items were ordered, the date that they were received and placed into inventory and where they are stored. Adjustments to inventory will also be recorded on the Control Form.

The Inventory Control Forms will be kept in a loose-leaf binder by the Director of Operations. A chair-side assistant will be assigned the responsibility for the day-to-day control of practice inventory. The assistant will receive orders for clinical supplies from the dentists and all auxiliaries, collect the orders, place the orders once each week, receive the orders, record them on the Control Form, and store them properly.

The operatory supplies level will be checked daily by each auxiliary (clinical assistant and hygienist) who will then replenish the supplies from the practice supply shelves. All auxiliaries responsible for inventory control will then compare the balance (on-hand) and determine if any order is necessary and the order amount. Anything believed to be required for re-order will be logged into the 'Order Book' located in Central Sterilization. The Order Book will be reviewed weekly by the Office Manager to compile and place orders.

This system will be monitored carefully to insure its consistency with the practice objectives stated above. A periodic count of supply items may be necessary in order to monitor compliance of auxiliaries with this control system. It will be revised at any time it will benefit the practice to do so. It may be adapted to include control of practice clerical inventory.

Proofing Patient Accounts
This should be done during all phone conversations especially when speaking regarding setting up an appt.

Patient Information
Does the patient have an address and zip code?

- This is a sign that the patients account has been modified at some time and should be considered a red flag.

Check ledger / notes for previous information Last time bwx taken etc.

Check outstanding patient balances.

If inadequate information pull Chart or go no further

Check hygiene page and treatment notes:
         Recommended next visit hygiene;
         Did the patient accept

With record in hand, contact the patient and make transaction notes for future attempts.

    SPK   W/ PT REG { MACRO } (NOTE)
           Pt. will call back,
           Pt. Going to other office,
           Pt. Doesn't want to be contacted,
           ETC.

    LMT   (left message) REG {MACRO}

    UTC   (unable to contact) REG (MACRO)

If detailed notes are required (more than one line of ledger) place note in F2 N

Verification of Benefits (SOP, standard operating procedure)

Statistic Reports in PerioVision

1) Report
2) Production
3) Make sure that Real Collections Analysis is the only box checked.
4) START and END dates should be the same and reflect only one day of business
5) All providers should be highlighted
6) Click OK
7) In the new screen with the report, scroll down and look for NET PRODUCTION figure, listed for each provider and enter into appropriate box in chart
   - Continue for each provider until you reach REPORT TOTALS
8) In REPORT TOTALS, enter figure under COLLECTIONS (NET) column in the TOTAL REVENUE box in chart
9) Add totals for providers and enter amounts in HYG-ALL box and in PROD-TOTAL box
10) Continue for every day in the week and calculate all weekly totals and enter into last column
11) Transfer this information into appropriate Excel Spreadsheets and generate graphs as needed.

Newsletters and Mass Mailing Labels in PerioVision

1) Report
2) Notepad
3) Patient
   a. Personal
   b. Name
   c. Is Guarantor (true/false)
      i. In VALUE field, enter TRUE
      ii. In CONNECTOR field, click on drop box and select AND
   d. Appointments

       e. Last Appointment
           i.   Set Parameters per Report Requirements
          ii.   Last Appointment greater or equal 01/01/YYYY AND
        iii.   Last Appointment less or equal 12/31/YYYY

4) Personal
       a. Address
       b. Billing Zip Code
       c. Set Zip Code to be greater than 00001
       d. RUN!
       e. SORT
       f. Click on Patient Billing Zip and Sort by Ascending
       g. PRINT
       h. Select PATIENT ADDRESS LABELS
       i. Click OK
       j. In the screen that appears, patient name and address should appear on individual labels onscreen
       k. Click CURRENT PRINTER
           i.   Select LABEL FORMAT

- Note: Printing 10 pages at a time prevents paper jams and insures that paper remains online

Post-Specialty Follow-Up Treatment

Purpose
- To track and ensure specialty care is received and follow-up care is received and follow-up treatment is provided

Utilization (54/90)

Tasks Performed by the Incumbent in the Director

Opening and Inspection of the Office
- Open office in the morning and ensure that office is ready to receive patients.
- Check telephone messages left during the previous evening and respond to all messages requiring immediate action. Other messages will be given to administrators for action immediately upon their arrival.
- Review previous days checks, cash, and charges for accuracy, draft deposit slip, make copies of deposit slip and check/cash tally and put copies in that day's file.

Review and Deposit of Income
- Take deposit to bank and deposit it in the night box.
- Review bank correspondence for accuracy and make appropriate entries.
- Review charge card correspondence for accuracy.

Supply
- Interact with vendors regarding best prices for supplies/service.
- Interact with employees regarding supplies that need to be ordered using supply lists.
- Maintain adequate level of supplies by ordering supplies from vendors in a timely manner.
- Receive supplies and check packing slips/invoices for accuracy.
- Put invoices in "Invoice In" basket.

Payment of Invoices and Billing statements
- Pay invoices and billing statements on the tenth and twenty-fifth of each month. Payment is made either by using the corporate VISA charge card, if the vendor will accept charge cards, or by checks drafted against the corporate checking account.
- File invoices/billing statements.

Interpersonal Relationships
- Greet employees as they arrive each day and address any necessary items with them
- Interact with the owner of the practice regarding all matters related to the safe, efficient, and economic running of the practice.

- Maintain liaison with all employees, associates, and contractors regarding matters of credentialing, benefits, pay, morale, and performance.
- Interview prospective employees and make recommendations to owner of practice.

Payroll
- Interact with ADP regarding employee payroll matters.
- Every other Monday per schedule set by ADP, submit payroll ADP by telephone.
- The Tuesday following the Monday when payroll is submitted, receive from ADP and review for accuracy that weeks payroll.
- Turn over all payroll records to owner of practice.
- Ensure that employees receive their payroll statements/checks every other Thursday.

Payment of Non-Salaried Associates/Contractor Dentists
- Receive production report from owner of practice regarding payments to be made to Associate General Dentist and draft check for services rendered to be paid on the fifteenth of each month.
- Review production/payment receipts reports of services provided byContractor Dentists and draft checks for payment to them on the fifteenth of each month.

Accounts Receivable
- Ensure that patient statements are generated and mailed with appropriate correspondence regarding payment during the first week of each month.
- Interact with patients regarding collection of accounts receivable.
- Take action as necessary to collect accounts receivable, to include verbal and written requests and forwarding of accounts to a collection agency.

Appointment Scheduling/Patient Coordination
- Review daily appointment schedules and direct personnel regarding their revision if necessary.

Protocol for Returned Mass Mailings

Defined mass mailing is defined as newsletters etc.

When mailings are returned:
1) ALL returned mail goes to one administrator
2) Mail is to be sorted
    a. No Action (i.e., temporarily away)
    b. Change of Address
        i. Address updated in computer to include family members and billing
        ii. If patient moved far away or transferred or is not an active patient, delete zip in billing only
    c. No Address
        i. Address is to be deleted in computer to include family members and billing
        ii. Note is to be made of 'old' address and date of returned mail
    d. Double Mailings and Other
        i. Try to eliminate as much as possible to decrease total mailing costs
        ii. Merge responsible parties
3) Provide list of
    a. Name and Action using Return Mail Form
    b. Type of mail (i.e. statement, letter, newsletter, insurance)

Sample Return Mail Form

Return Mail Form			
Name	Type of Mail	Action	Re-Sent (Y/N)

Front Desk Manager Establishment Program

Responsible Person(s)
The Front Desk Manager will monitor and oversee completion of the program.

This is an organizational program. We want to work out what is initially needed and wanted of the Front Desk Manager with respect to monitoring, targeting, and evaluating production.

Actions
1) Statistics/Lists: On a daily basis the FDM should be aware of the status of various areas of production. Knowing where the current statistics can be found or having a program status updated would be workable.
   a. New Patients
   b. Production
   c. Collections
   d. A/R's. (Monitored weekly)
   e. Bills List (Accts Payable monitored weekly)
   f. Any current written programs (i.e. marketing, OM program, hiring, bonuses, etc)
   g. Recall (i.e., phone calls made, recall cards out, etc.)
   h. Staff vacations/time off/etc.
   i. Other: _____
2) Delegation: As a Manager, various aspects of the office need proper assignment of responsibility. This is vital to ensure the Office Manager is not hired in doing the tasks, which she should be monitoring.
   a. Appointment Coordinator:
   b. Financial Coordinator:
   c. Maintaining various statistics logs can be assigned to others.
   d. Recall.
   e. Other: _____
3) Management/Coordination: As the Office Manager, various management activities are needed:
   a. Morning coordinator meetings.
   b. Daily, Weekly, Monthly production targeting for the Front Office staff.
   c. Production and statistical assignment for the Front Office staff.
   d. Front Office organization.
   e. "1 on 1" meetings with the Front Office staff.
   f. Other: _____

Code of a Doctor and Staff

Everyone can become more ethical.

When your ethics are weak, you lose your reputation, pride and self-respect. You complain about others, find no joy in your work and become bitter.

The higher you raise your level of ethics, the easier your life gets. You become happier, more valuable and more successful.

The following code applies to doctors of all types and their staff members. Use it to enhance your professional behavior. Include the relevant points in your office policy, patient brochures and so on.

1) Dedicate yourself to serving the patient. Give patient health and welfare your first and highest priority.
2) Constantly improve your treatment resources and skills through observation, continuing education and practice.
3) Grant patients the power to decide on their course of treatment. Recommend the appropriate care while explaining any alternatives so that patients can make informed decisions.
4) Maintain honesty with patients. Educate them and keep them informed before, during and after their care.

5) Inform patients when they have been injured or potentially injured by an error. Reporting and analyzing mistakes allows you to prevent similar mistakes in the future, improve your procedures and provide compensation to injured parties.
6) Maintain patient confidentiality. Provide adequate safeguards to protect patient conversations and records.
7) Never use patients for sexual advantage, personal financial gain or other private purposes.
8) Work toward improving general health care for all patients. Help colleagues and professional associations to continuously improve care quality.
9) Support more accessibility of treatment to greater numbers of patients. Reduce barriers to care that are based on patient unawareness, location, finances or discrimination.
10) Discourage unnecessary tests and procedures. Such misuse exposes patients to avoidable risk while reducing funds available for more beneficial care.
11) Never treat a patient or allow others to treat patients when impaired or under the influence of drugs or alcohol.
12) Seek outside advice, specialists and second opinions whenever appropriate to the benefit of the patient.
13) Openly acknowledge any personal gain you receive from endorsing an outside service or product.
14) Support and contribute to discoveries of new technology. Help to make it available to all.
15) Assume responsibility for the success of the profession through professional associations, continuing education, self-regulation, peer-to-peer justice and the establishment of professional standards.

How to Establish a Policy
1) Identify a task that needs to be defined, updated, or that is not producing the desired outcome.
2) Research, study, ask around, learn and experiment in order to determine the best way to perform the task.
3) Do the job yourself until it is running perfectly.
4) Develop a procedure for how to do perform the task. Make the instructions organized, complete, and clear, so that anyone can perform the task without needing to ask questions.
5) Find a staff member who is qualified to perform the task.
6) Have them first to read your procedure in written form. Test them to ensure they understand every sentence.
7) Allow staff member to watch you perform the task.
8) Allow the staff member to perform the task (exactly as written), while you watch and advise.
9) Update the procedure as required in order to produce the desired outcome.
10) When the staff member is ready, turn over the entire job, and sign off that it is a policy.
11) Manage via statistics. Oversee and advise as needed, but do none of the work.
12) If a staff member fails to perform the task, jump back up this list to the part you did not do properly until the job is being done as well as you can do it.

New Sections for Possible Placement or Removal

How to check out a patient

- Receive the RCF from Dr or Hygienist
- Find pt's appt in periovision, right click – post visit, or in pt's account, single click on charge button in Patient Control Panel
- Confirm pt's insurance is up-to-date – in Post New Charges screen it is shown on right hand side of screen
- Post treatment
    - Hygiene
        - Select speed code from pull down menu
        - Confirm provider is correct, change if necessary by entering proper number or selecting provider from drop down menu
        - Transpose dollar amounts of UCR, Charge (fee with insurance), and patient portion to the RCF
        - Click the green check mark
        - Transpose any past due balances to the RCF, include any other family member's balances too
    - Posting from a treatment plan
        - Click on options – Treatment Plan
        - Highlight completed treatment – click on clip board to post treatment
        - Confirm provider is correct, change if necessary by entering proper number or selecting provider from drop down menu
        - Input proper teeth/quad, surface/root
        - Transpose dollar amounts of UCR, Charge (fee with insurance), and patient portion to the RCF
        - Click the green check mark
        - Transpose any past due balances to the RCF, include any other family member's balances too
    - Straight-up posting
        - Enter treatment codes or find the code in the fee schedules at the bottom of the screen, double click
        - Confirm provider is correct, change if necessary by entering proper number or selecting provider from drop down menu
        - Input proper teeth/quad, surface/root
        - Transpose dollar amounts of UCR, Charge (fee with insurance), and patient portion to the RCF
        - Click the green check mark
        - Transpose any past due balances to the RCF, include any other family member's balances too
- NVTXP
    - Clinical tab
    - Right click in the blue – treatment plan – add
    - Enter treatment codes or find the codes in the fee schedules at the bottom of the screen, double click
    - Click the green check mark
    - Right click in the blue – treatment plan – print – ok – print
- Collect pt portion and past balance from pt

Repair or Replace: Restoration of Appliance Guidelines

We will treat all restorations, regardless of associated, fees equally.

There is a Standard of care that represents that dental care should generally be functional and without defect for some length of time. That length of time will vary based on many factors.

It is expressly against the statue of the Maryland State Board of Dental Examiners to guarantee you dental care.

If any failure occurs, we would hope it was not in direct result of material or technique.

We hope any failure is due to patient.

Patient 'No Out of Pocket Fee' Guideline
A veneer falls off the day after it gets put in while the patient was eating a bagel, our bad.

Patient 'Out of Pocket Fee' Guideline
A veneer falls off the day after it gets put in while the patient was in a bar fight with drunken sailors, their bad.

Therefore, if the restoration or appliance was less than one year old, and if it seemed to be a material failure or open contact, then we will repair at no charge to the patient.

We are required to send in a claim with our UCR for all dental treatment. We are required to send a claim to the insurance company with a UCR fee.

It is our policy that we are to inform the insurance company that there will be no out of pocket for the patient.

If it doesn't fit the "Patient 'No Out of Pocket Fee' Guideline," then the fee is the fee.

The repair fee is our posted UCR fee as if it was a composite filling. There is no Insurance adjustment to a comparable PLAN fee. i.e., a mo repair is a mo composite without the PDP fee adjustment.