

## Office Policy Sample Letters

Dear Patient,

In order to meet the needs and requests of our patients, we are enrolled in numerous insurance programs. We are very pleased to be able to provide this service to you, but it is extremely difficult for us to keep track of all the individual requirements of the plans. Each plan has different stipulations regarding benefits.

Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality dental care for our patients is our primary concern. We are more than willing to provide that care within your insurance contract guidelines if you let us know at EACH time of service exactly what those guidelines are.

Unfortunately, if you do not know or do not inform us of any special requirements in your insurance contract and we render services that are not covered, we will have no choice but to bill you directly for those charges. Payment for those charges is then your responsibility.

We understand that sometimes the patient does not know what is covered and what is not. However, often we do not and cannot know either. Also, please be aware we have no control regarding the timelines with which your company will process claims. (We will process and submit your insurance for payment within 48 hours of your visit.) Your personal estimate percentage will be due the date services are rendered, and for your convenience our office does accept major credit cards. Should you elect to assign your benefits directly to our office, we allow 60 days from the date of service for the receipt of payment from your insurance company. If there should be a delay in the insurance company's processing, the entire balance is due at that time. Please remember that ultimately you are responsible for all services rendered.

With your cooperation and help, you should be able to receive all of the benefits offered to you, and we will be able to concentrate on caring for your dental needs.

I have read and understand the office policy stated above and agree to accept responsibility as described.

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Signature

Date

Dear Patient:

We have prepared this letter to help you better understand the complexities of dental insurance since we realize how confusing it can be. To begin, we would like to highlight a misconception that dental insurance was designed to pay 100% of dental care. That is not true. Dental insurance was designed to provide assistance in obtaining needed dental treatment and seldom pays 100%. Most contracts have limits and/or various degrees of co-payment.

All levels of payment by insurance companies, including allowed fees, usual and customary (UCR), are governed by the premiums paid. They have nothing to do with the actual charges. Our fees are based upon a combination of our costs, our time, and our constant dedication to supplying our patients with the highest quality of dental care. The treatment recommended by our office is never based on what your insurance company will pay. Your treatment will never be governed by the insurance contract, it will be based off of your individual needs.

It should also be understood, that the dental insurance contract is between the insurance company and the patient, who bears the ultimate financial responsibility.

We hope this information has been helpful. Please take the time to review your contract thoroughly so we may best serve you. As always, you may feel free to ask any member of our staff for clarification on services, billing, and insurance.

Sincerely,

**Right Thinker, D.D.S.**

123 Smile Avenue  
Whiteville, CA 95702  
(415) 123-4567

**Treatment Plan Acceptance**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TREATMENT PLAN & FEE ESTIMATE:**

		<b>Total Estimated Fee</b>	_____
Perio Treatment	_____	<b>Current Outstanding Balance</b>	+ _____
Restorations – Disease	_____		
Restorations - Preventive	_____	<b>Total</b>	_____
Cosmetic Procedures	_____		
Surgical Treatment	_____	<b>Estimated Insurance Reimbursement</b>	_____
Other _____	_____		

**FINANCIAL ARRANGEMENT**

1. 5% Accounting Reduction - < \_\_\_\_\_ > when fees in excess of \$200.00 are paid in full in advance of scheduling by cash or check
2. Major Credit Card - Visa, MasterCard, or AmEx  
Extended Payment Plan - based on credit approval prior to scheduling treatment
4. 50% in Advance of Scheduling Treatment and the remainder prior to beginning treatment: Initial \_\_\_\_\_ Remainder of \_\_\_\_\_ due \_\_\_\_\_ days before treatment.
5. Insurance Filing Option - Please adjust my credit card account for over payment/under payment by my insurance company if the claim has not been properly paid within 45 days. \_\_\_\_\_  
(initials)

\_\_\_\_\_ Total  
 \_\_\_\_\_ Card Choice  
 \_\_\_\_\_ Per Month

- A. Treatment fees are estimates only, valid for 30 days from the date shown above, and are subject to revision. Treatment could be altered if your dental needs change. The patient would be notified of any change(s) in treatment.
- B. Insurance benefits are estimates only. The patient is responsible for insurance claims filed by this office that are not paid within 45 days of service.
- C. I acknowledge that all treatment options for my dental conditions have been fully explained to me. It is my responsibility to complete treatment and follow recommended maintenance schedules. If the treatment and maintenance plans are not followed, and/or appointments are missed, adverse results could effect my dental health and insurance coverage. If I do not proceed with my treatment plan in a timely manner, further treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles or joints will be based on the Usual and Customary Rate (UCR) Fee.

I have reviewed the above treatment estimate and understand that I am responsible for the entire balance and for complying with the terms of the payment option I have chosen. I further understand that any balance over 45 days past due will be subject to a 1.5% per month (18% per annum) finance charge and that I may be liable for any attorney fees incurred in collecting the delinquent balance.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Patient

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Financial Coordinator

# New Patient Information and Insurance Benefits

Date \_\_\_\_\_ Patient Name \_\_\_\_\_ Exam Appt \_\_\_\_\_ Pro Appt \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Phone hm \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_ e-mail \_\_\_\_\_

Who Referred You? \_\_\_\_\_ You Need? \_\_\_\_\_

Premed needed? Y / N Last dental visit? \_\_\_\_\_ X-rays? \_\_\_\_\_ Requested?? \_\_\_\_\_

Previous Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Subscriber \_\_\_\_\_ DOB \_\_\_\_\_ SS#/ID# \_\_\_\_\_

Employer \_\_\_\_\_ Insurance Co \_\_\_\_\_ E-Claims? Y / N

Group# \_\_\_\_\_ ID# \_\_\_\_\_ Effc. date \_\_\_\_\_ Ins. Ph \_\_\_\_\_

Claims Address \_\_\_\_\_ Payor ID \_\_\_\_\_

In Network/Out \_\_\_\_\_ UCR \_\_\_\_\_ PPO \_\_\_\_\_ FEE SCHED \_\_\_\_\_

Ins. Max \_\_\_\_\_ Ind. Ded \_\_\_\_\_ Fam. Ded \_\_\_\_\_ Cal Yr. Y / N Beginning MO \_\_\_\_\_

Ded Applies: Y/N Preventive \_\_\_\_\_ % Basic \_\_\_\_\_ % Major \_\_\_\_\_ % Perio \_\_\_\_\_ %

Endo \_\_\_\_\_ % OS \_\_\_\_\_ % Ortho 8090 \_\_\_\_\_ % Max \_\_\_\_\_ age \_\_\_\_\_ PRIOR EXTs Y / N

Surg Exts Med Y/N Comps on Post. Paid Y / N Use UCR? Y / N Frequency \_\_\_\_\_

Sealants Y / N to age \_\_\_\_\_ Prim/Perm \_\_\_\_\_ Frequency \_\_\_\_\_

2750 PFG on Molars Y / N Use UCR Y / N Crown History \_\_\_\_\_

2740 all Porc Molars Y / N Use UCR Y / N Missing Tooth \_\_\_\_\_

Waiting Period \_\_\_\_\_

Bill Prosthetics on Seat Date or Prep Date? \_\_\_\_\_

2962 Porc Veneer Y / N 2950 B/U Y / N 2952 Post & Core Y / N 4211 Gingi Y / N

6010 Implants Y / N 2630 Porc Onlay 3+ Y / N Down Grade Y / N Use UCR Y / N

4355 Gross Debride Y / N Frequency \_\_\_\_\_ 4381 Arestin Y / N \_\_\_\_\_

4341 RPCs \_\_\_\_\_ Frequency \_\_\_\_\_ Quads Per Visit \_\_\_\_\_ 9630 Irrigate Y / N 0431 Visilite Y / N

9940 Night Guard Y / N for Bruxism Y / N Frequency \_\_\_\_\_ NEW CROWNS \_\_\_\_\_ yr. replacement \_\_\_\_\_

Pre-Auth Mand Y/N Frequencies \_\_\_\_\_ Exams \_\_\_\_\_ FMX / Pano \_\_\_\_\_ BW \_\_\_\_\_

PROPHY \_\_\_\_\_ PM \_\_\_\_\_ ALTERNATE Y / N FLOURIDE \_\_\_\_\_ adult / child age \_\_\_\_\_

Claims History: FMX \_\_\_\_\_ BW \_\_\_\_\_ PRO \_\_\_\_\_ RPCs \_\_\_\_\_ 4355 \_\_\_\_\_

Claim Filing Deadline \_\_\_\_\_ Do You Coordinate with Primary? \_\_\_\_\_

Names of Dependents & DOBs \_\_\_\_\_

SEND NEW PATIENT INFO Y / N

GETTING ONLINE Y / N

Trojan ID	2504691	<b>Trojan Benefit Service</b>	
Employer	EILEEN FISHER INC. PREMIER, MAIN OFFICE 2 BRIDGE ST IRVINGTON, NY 10533	Carrier	DELTA DENTAL PLAN OF NEW YORK PO BOX 2105 MECHANICSBURG, PA 17055
Employer Phone	(914) 591 - 5700	Carrier Phone	(800) 932 - 0783
Policy Number	16027-0001	E-Claims	YES Payer ID 11198
Mail Claims To	DELTA DENTAL PLAN PO BOX 2105 MECHANICSBURG, PA 17055	Eligibility Phone	(800) 932 - 0783
		Trace Payment	(800) 932 - 0783

Plan Maximum	\$2500 per person per year	Notes and Limitations	Sealants Basic to age 14 Sealants perm 1st and 2nd molars Sealants limited to virgin teeth Sealants 1 per 36 consecutive months Fluoride Preventive to age 19 Fluoride 1 per year Simple exd Basic other O.S. Major Crown downgrade varies per patient Plan may have waiting periods <b>VERIFY WITH ELIGIBILITY.</b> <b>CLAIMS PREVIOUS MAILED TO DELTA OF NEW JERSEY.</b> Perio maint. major, 2 per year Not paid in addition to prophyl.
Plan Year	Calendar year		
Deductible	\$50 per person per year Preventive waived		
Carryover Deductible	No		
Payment Base	Plan Allowance		
C.O.B.	Standard birthday rule		
Dependent Coverage	To age 28		
Unclaim	Yes		
Assignment of Benefits	To dentist if participant others to patient		
Pre-determination	Not mandatory		
Preventive	100%		
Basic	80% Perio Major see note		
Major	50%		
Single Crowns	Paid Major see notes		
Prior Extractions Cov.	Yes		
Prosth. Replacement	5 yrs and unserviceable		
Posterior Composites	Post comp paid Basic		
Occlusal Guards	Nightguards Bruxism only Major		
FMX Frequency	Once every 36 months		
Panorex	Panorex by report		
Prophy	2 per year		
Ortho Maximum	\$2000 lifetime		
Ortho Percent	80%		
Ortho Deductible	No separate deductible		
Ortho Age Limits	All insured		

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## AESTHETIC UPGRADE CONSENT FORM

I, \_\_\_\_\_, as a patient of \_\_\_\_\_ Dental Care understand that I have a PPO insurance which provides dental benefits at a reduced fee. I also understand that there are different kinds of crowns such as 1) All Gold Crowns, 2) Porcelain Fused to Metal Crowns (PFM), and 3) All Ceramic/Porcelain Crowns. I have been informed that, due to the reduced fee that is paid by my insurance, the PFM crown would be the crown that I would be receiving. But due to aesthetic considerations, I would prefer to have an all ceramic crown. I understand that the costs involved with getting an aesthetic crown are more than the traditional PFM, and I have agreed to the Aesthetic Upgrade Fee of an additional \$200 per crown. I understand that this fee will be submitted to my insurance as a separate code (ADA code D2999-Unspecified restorative procedure by report), but may not be paid by my insurance. I agree to be responsible for the Aesthetic Upgrade fee not covered by my insurance.

Below are photographs printed in color showing representative samples of a PFM crown and an All Ceramic crown, and provided the above information, I have accepted the aesthetic upgrade charge for the All Ceramic Crown.

With the above information I hereby agree to the Aesthetic upgrade.

Signed \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

I. Diagnostic                    D0100-D0999

Diagnostic codes apply to procedures common to patient examination and diagnosis and those which form the basis for treatment planning. These procedures typically fall into one of four diagnostic areas:

1. Oral evaluations are conducted by the dental healthcare team to assess overall health status of new patients, check the evolution of existing patients, and diagnose and track progress of acute oral conditions.
2. Radiographs document intraoral and extraoral conditions using a variety of diagnostic imaging techniques and materials.
3. Biologic tests examine viral organisms and patient's vulnerability or predisposition to oral diseases.
4. Pathologic evaluations diagnose conditions of oral tissues.

II. Preventive                    D1000-D1999

Codes in the preventive category refer to procedures conducted by the dental healthcare team designed to prevent the occurrence or recurrence of oral diseases:

- Prophylaxis treatment, through which plaque, calculus, stains, and other accumulated substances are removed from the clinical crowns of the teeth.
- Fluoridization of the teeth.
- Preventive counseling to encourage healthy dietary and hygienic habits and discourage the use of products that increase the risk of oral diseases.
- Installation and management of space-maintaining appliances designed to prevent the space created by the premature loss of a tooth.

III. Restorative                    D2000-D2999

Restorative codes apply to procedures concerned with the reconstruction of the hard tissues of a tooth or a group of teeth injured or destroyed by trauma or disease. These procedures are primarily classified by the restorative materials used in the reconstructive process. Common forms include the following:

- Amalgam
- Resin-Based
- Gold
- Porcelain (for some crowns)

IV. Endodontics                    D3000-D3999

Codes for endodontics involve the diagnosis, prevention, and treatment of diseases of the dental pulp. Typical procedures performed by the dental healthcare team include the following:

- Capping pulp with material that protects it from external influences.
- Surgical amputation of the pulp.
- Surgical removal of the apex of a root.
- Complete pulp removal from the pulp chamber and root canal.

V. Periodontics                    D4000-D4999

Periodontal considerations concern the care of the supporting structures of the teeth. Coding for periodontics is usually assigned to procedures such as the following:

- Gingival surgery and treatment.
- Crown extension
- Osseous replacement grafting
- Scaling and root planning

VI. Prosthodontics-Removable                    D5000-D5899

Codes pertaining to the restoration and maintenance of oral function, comfort, appearance, and health through replacement of missing teeth fall under prosthodontics. Procedures used in conjunction with removable prosthodontics include the following:

- Creation and maintenance of complete, partial, and interim dentures
- Conditioning of dental ridge tissue
- Surgical prosthesis modification

VII. Maxillofacial Prosthetics                    D5900-D5999

Maxillofacial prosthetics codes apply to procedures used in the prosthetic restoration of facial structures that have been affected by disease, injury, surgery, or congenital defect. Some of these extensive procedures include the following:

- Fabrication of prosthetic pieces that restore damaged or missing areas of the nose, eyes, ears, or jaw
- Surgical lifts of the jaw
- Surgical shielding or splinting



### VIII. Implant Services

D6000-D6199

Oral implantation procedures performed by the dental healthcare team involve the surgical insertion of materials or devices into the patients jaw. Codes in this category can apply to either occlusal rehabilitation or cosmetic dentistry, such as the following:

- Surgical installation of implants in the alveolar and/or basal bone
- Surgical installation of open-mesh frames designed to fit over the surface of the bone
- Surgical installation of implants threaded through the bone and into the oral cavity

### IX. Prosthodontics-Fixed

D6200-D6999

Fixed prosthodontics coded concern procedures performed by the healthcare team that replace or restore teeth via artificial substitutes that are not readily removable. Typical procedures in this category include the following:

- Insertion of an artificial tooth on a fixed partial denture, replacing a missing natural tooth
- Reuniting the abutment tooth with the suspended portion of the bridge
- Anchoring of a removable overdenture prosthesis
- Installation of a stress-relieving connector

### X. Oral and Maxillofacial Surgery

D7000-D7999

Surgical procedures pertaining to facial extractions or closures are coded under oral and maxillofacial surgery. Classifications include the following:

- Removal of teeth, tissue-retained remnants, or other tooth structures by means of elevators and/or forceps
- Surgical shaping and smoothing of the margins of the tooth socket in preparation for the placement of prosthesis
- Surgical restoration of the alveolar ridge height through lowering of the jaw muscles
- Surgical removal of bone and/or lesions
- Fracture treatment
- Trauma repair

### XI. Orthodontics

D8000-D8999

Any procedures performed by the dental healthcare team concerned with the guidance and correction of growing and/or mature dentofacial structures are coded under orthodontics, including the following treatments:

- Management of transitional dentition
- Prevention of dentofacial malformations
- Removable or fixed appliance therapy
- Appliance maintenance and replacement

XII. Adjunctive General Services                      D9000-D9999

Any general procedures not classified in the previous categories are coded under adjunctive general services. Common procedures found in this category include the following:

- Administration of anesthesia
- Diagnostic consultation not involving treatment
- House calls
- Pharmaceutical administration
- Cosmetic bleaching
- Behavior management

# ADA American Dental Association®

America's leading advocate for oral health

Comprehensive completion instructions for the ADA Dental Claim Form are found in the current version of the CDT manual published by the ADA. Five relevant extracts from that manual follow.

## GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #10 window envelope. Please fold the form using the 'tick-marks' printed in the margin.
- B. In the upper-right of the form, a blank space is provided for the convenience of the payer or insurance company, to allow the assignment of a claim or control number.
- C. All Items in the form must be completed unless it is noted on the form or in the following instructions that completion is not required.
- D. When a name and address field is required, the full name of an individual or a full business name, address and zip code must be entered.
- E. All dates must include the four-digit year.
- F. If the number of procedures reported exceeds the number of lines available on one claim form, the remaining procedures must be listed on a separate, fully completed claim form.

## COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the form in its entirety and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may indicate the amount the primary carrier paid in the "Remarks" field (Item # 35).

## NATIONAL PROVIDER IDENTIFIER (NPI)

49 and 54 **NPI (National Provider Identifier):** This is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. Dentists who are not covered entities may elect to obtain an NPI at their discretion, or may be enumerated if required by a participating provider agreement with a third-party payer or applicable state law/regulation. An NPI is unique to an individual dentist (**Type 1 NPI**) or dental entity (**Type 2 NPI**), and has no intrinsic meaning. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web Site: [www.ada.org/goto/npi](http://www.ada.org/goto/npi)

## ADDITIONAL PROVIDER IDENTIFIER

52A and 58 **Additional Provider ID:** This is an identifier assigned to the billing dentist or dental entity other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI. The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer; Federal government). Some Legacy IDs have an intrinsic meaning.

## PROVIDER SPECIALTY CODES

56A **Provider Specialty Code:** Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing treating dentists are listed below. The general code listed as 'Dentist' may be used instead of any other dental practitioner code.

Category / Description Code	Code
<b>Dentist</b> A dentist is a person qualified by a doctorate in dental surgery (D.D.S) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
<b>General Practice</b>	1223G0001X
<b>Dental Specialty</b> (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Dental provider taxonomy codes listed above are a subset of the full code set that is posted at:  
[www.wpc-edi.com/codes/taxonomy](http://www.wpc-edi.com/codes/taxonomy)

Should there be any updates to ADA Dental Claim Form completion instructions, the updates will be posted on the ADA's web site at:  
[www.ada.org/goto/dentalcode](http://www.ada.org/goto/dentalcode)



**Position Title:** Insurance Coordinator

**Employee Status:** Non-Exempt

**Reports To:** *(Insert appropriate individual)*

**Job Summary:**

The Insurance Coordinator assists patients with insurance benefits and communicates with insurance companies regarding claims.

**Qualifications:**

To perform this job successfully, an individual must be able to satisfactorily perform each essential duty as listed below.

**Essential Duties:** *(Edit the following essential duties as appropriate for your practice. Prioritize in order of importance.)*

- Studies the insurance plans that are used most frequently with patients to understand the various nuances of each plan in order to communicate more effectively.
- Documents basic insurance information on the patient's chart for quick reference.
- Determines insurance eligibility, limitations and payment estimates necessary to facilitate financial arrangements.
- Educates patients, as necessary, regarding insurance, their responsibility and basic terminology.
- Processes and submits insurance claims daily.
- Monitors and follows-up on outstanding claims.
- Sends information as requested by insurance companies such x-rays, charting, narratives and other documentation for processing the claim when applicable.
- Provides insurance predetermination documentation to patients, contacts the patient to make financial arrangements, and schedules treatment.
- Corresponds with insurance companies to resolve payment delays, requests for additional information, or to discuss treatment that has been denied coverage.
- Handles all inquiries concerning insurance on a daily basis.

**Knowledge/Skills/Abilities:**

- Knowledge of English composition, grammar, spelling, and punctuation.
- Skilled in the use of standard office equipment including: telephones, calculators, copiers, fax, computers, and computer software (MS Excel, Word, Practice Management software).
- Ability to maintain composure and professionalism when exposed to stressful situations.
- Ability to engender trust from the doctors, co-workers, and patients.
- Ability to work cooperatively with management, staff, and patients.
- Ability to prioritize, organize, and complete tasks in a timely and independent manner.
- Ability to accept constructive criticism.
- Ability to understand and follow written and verbal instructions.
- Ability to collect data, establish facts, draw valid conclusions, and maintain confidentiality.
- Ability to communicate and express thoughts and ideas competently.
- Ability to quickly grasp relevant concepts regarding duties and responsibilities.

**Education / Experience:**

- High school diploma or equivalent

- Minimum of \_\_\_\_\_year(s) relevant experience in the dental profession

**Special Requirements/Certifications/Licenses:** *(Enter your requirements if applicable)*

**Physical and Environmental Requirements:**

- May be required to lift up to \_\_\_\_\_ lbs.
- Sedentary position: may be required to sit for long periods of time.
- Vision: close vision, depth perception, and ability to adjust focus.
- Hearing: able to satisfactorily communicate with patients, doctor, and other staff members to ensure that verbal communication is clearly understood, or a satisfactorily-equivalent method of communication.
- Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or operate equipment.
- Occasional exposure to toxic or caustic chemicals and radiation.
- Exposure to moderate noise levels.
- Exposure to hectic, fast-paced, high anxiety environments.

Additional or different duties may be assigned occasionally at employer's discretion.