



Training Manual  
Billing

*The information in this manual is very important and should be reviewed regularly on an ongoing basis by every team member.*

*As new memos, policies, procedures, and educational materials are obtained and distributed, this manual will be updated accordingly.*

These job descriptions have been carefully thought out and planned. Job descriptions help avoid miscommunication and frustration in the office. These manuals are viewed as guides and we expect everyone to work as a team. **If you are good enough to work at Thrive you are good enough to handle any task asked of you. Saying “it’s not my job” should never be uttered by our team members.** We pride ourselves on being a team and therefore you must be the best team player possible. We do whatever it takes to support everyone in the office to allow an outstanding patient and staff experience.

**We have very high expectations for our team members.**

Our employees have an extremely high attendance rating. Many employees have never missed a day of work and they are the ones who advance the highest at Thrive. If you have a serious emergency you **MUST COVER FOR YOURSELF**. Do not burden the managers with having to find someone to fill in for you. You should have a list of fellow employees and call every person on that list to help you during your emergency. Once all avenues are exhausted then you can contact your Office Manager for help in coverage during your absence.

## **Thrive Standards**

Before anything, let’s review our standards here at Thrive

1. **SERVANT LEADERSHIP.** We are servant leaders who lead with love. We always take the initiative. We care deeply and elevate the people around us.
2. **COMPASSION.** Always show compassion and empathy to patients and one another.
3. **SMILE.** Always. We always answer the phone with a smile. We greet our patients with a smile, and we always call them by their names.
4. **WELL-GROOMED.** We are in a highly professional environment with high standards. We must look the part. This means looking sharp, good hygiene, dressed professionally, and with light makeup and hair done.

5. **POSITIVITY.** Create a positive and family spirit. We are family! We choose to have a positive attitude and help our team succeed.
6. **HIGHEST STANDARDS.** We insist on only the highest standards. This includes the highest standards of dental care, customer service, professionalism, accountability, promptness.
7. **INTEGRITY.** We do everything with absolute integrity. We do not tolerate dishonesty or violation of HIPPA protocols.
8. **PROMPTNESS.** Promptness is an absolute requirement. No excuses. We want to be prepared ahead of time for our patients' arrival.
9. **TEAMWORK.** We always take the initiative to help our team succeed. If the bathroom needs to be cleaned, clean it. We never say, "that's not my job."
10. **EXPERIENCE.** We do everything in our power to deliver an awesome AWESOME experience for our patients EVERY time. Every team member asks the patient, "How was your experience?" (3 times total)
11. **ASSURANCE.** We comfort dental fears with loving care. We reassure our patients that they are in the best hands. We constantly check in with our patients, showing concern for their comfort and well-being.
12. **COMMUNITY.** We build strong and healthy communities. We serve our communities with love and generosity. Each of us represents the Thrive name. Tell everyone about us!
13. **GROWTH.** Commit to constant growth and learning. At Thrive, we empower each team member to become the servant leader they were created to be.
14. **FUN.** Have fun and dream big!

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## **A. Job Description**

“Collections” is primarily concerned with the offices’ insurance billing. Chair Three typically spends their day on the phone with insurance companies and therefore has the least interaction with patients, but may be a utility position filling in wherever needed depending on their availability. Their daily responsibilities include electronic and manual claim submission, entering insurance payments and explanation of benefits into patient charts, appealing denied claims including monitoring the insurance aging report, collecting insurance checks from patients, and sending patient statements in cases that it is warranted.

The collections process requires advanced knowledge of OpenDental and extensive hands on training, but like all positions at Thrive also necessitates uniform processes to the Thrive standards. All accounting from submitting, tracking, and collecting claims to entering payments and notating patients’ ledgers should be uniform to pass an internal audit.

## **B. Opening Duties**

- Clock in
- Check email and respond accordingly
- Send Claims
- Check EDS Reports
- Send attachments via NEA
- Check mailbox
- Post payments and scan EOB’s

## **C. Claims**

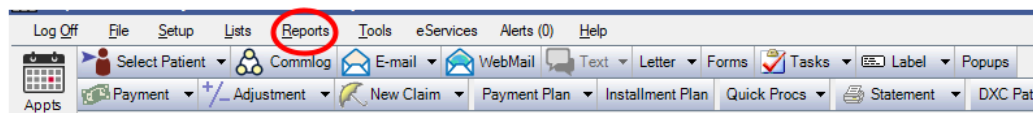
### **a. Creating and Submitting claims**

The collection process begins the same day that treatment is rendered. In order to collect from insurance in a timely manner, claims **MUST** be submitted daily. OpenDental enables for electronic claims submission via our clearinghouse - EDS (Electronic Dental Services) - and any attachments that are required for claim payment are attached to the claim via NEA FastAttach.

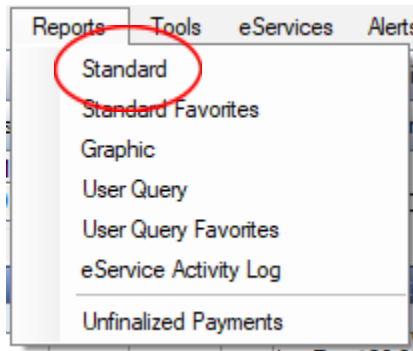
**To create a claim:**

**You can do one of two things:**

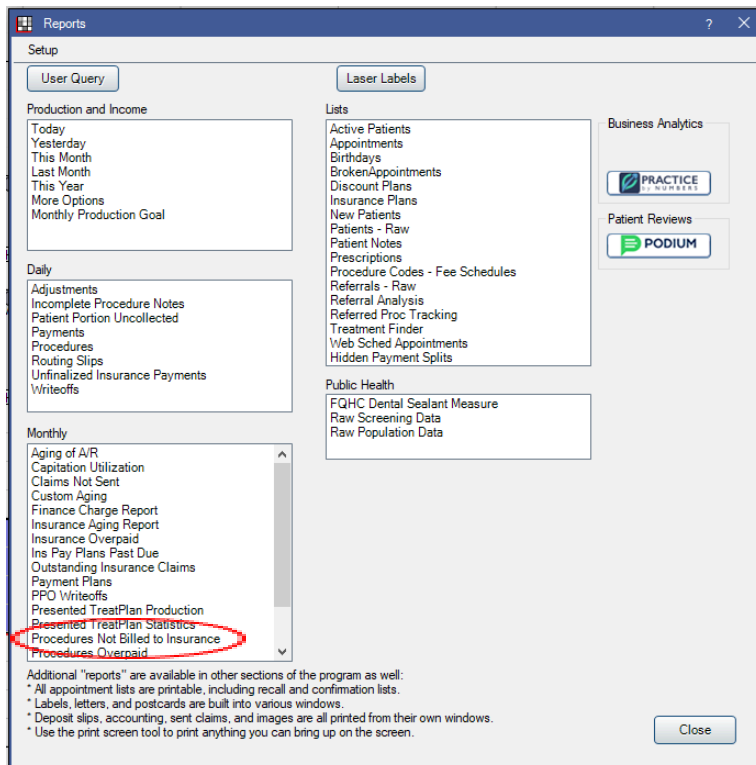
→ Go to Reports



→ Click on Standard



→ Under Monthly: Select “Procedures not billed to insurance”



- Change the date range from “01/01/year - today’s date” and click “Refresh” - this will show you all procedures that have not been submitted to insurance and is the best and most efficient way to make sure all procedures get billed to insurance daily

Procedures Not Billed to Insurance

Filters

Show Procedures Completed Before Insurance Added ☐

Show Procedures In Process ☐

From 01/01/2021 To 12/01/2021

Automatically Group Procedures ☐ Refresh

Patient Name	Stat	Procedure Date	Procedure Description	Amount
	C	12/01/2021	intraoral - periapical each additional radiographic image	\$12.00
	C	12/01/2021	intraoral - periapical first radiographic image	\$14.00
	C	12/01/2021	topical application of fluoride - excluding varnish	\$19.00
	C	12/01/2021	periodic oral evaluation - established patient	\$27.00
	C	12/01/2021	bitewings - four radiographic images	\$33.00
	C	12/01/2021	periodontal maintenance	\$79.00
	C	12/01/2021	resin-based composite - two surfaces, posterior	\$118.00
	C	12/01/2021	resin-based composite - two surfaces, posterior	\$118.00
	C	12/01/2021	resin-based composite - two surfaces, posterior	\$118.00

Print Select All New Claims Close

- Click “Select all” this will highlight all procedures in the box
- Click “new claims” another box will appear, click “ok”
- Go back to Reports, Standard and under Monthly again, click on “Claims not sent”

Monthly

- Aging of A/R
- Capitation Utilization
- Claims Not Sent
- Custom Aging
- Finance Charge Report
- Insurance Aging Report
- Insurance Overpaid
- Ins Pay Plans Past Due
- Outstanding Insurance Claims
- Payment Plans
- PPO Writeoffs
- Presented TreatPlan Production
- Presented TreatPlan Statistics
- Procedures Not Billed to Insurance
- Procedures Overpaid

→ This will show you the procedures that you have now batched into claims

Claims Not Sent Report

Filters: From 01/01/2021 To 12/01/2021 Claim Filter: All Refresh

Date of Service	Claim Type	Claim Status	Patient Name	Carrier Name	Claim Fee	Proc Codes
11/29/2021	Pri	WaitQ	[REDACTED]	Delta Dental of MO	\$174.00	D4910, D0120
11/29/2021	Pri	WaitQ	[REDACTED]	United Healthcare	\$626.00	D2392, D0120, D0274, D1110, D1208, D0220, D0230
11/29/2021	Sec	Hold	[REDACTED]	Delta Dental of NM	\$212.00	D0120, D0220, D0230, D4910
11/29/2021	Pri	WaitQ	[REDACTED]	United Healthcare	\$212.00	D0230, D4910, D0220, D0120
11/29/2021	Pri	WaitQ	[REDACTED]	Metlife	\$544.00	D0150, D0210, D2331, D1110
11/29/2021	Pri	WaitQ	[REDACTED]	Cigna	\$2,105.00	D0330, D0270, D0140, D0220, D7210, D7953, D7250, D7953
11/29/2021	Pri	WaitQ	[REDACTED]	Delta Dental of GA	\$330.00	D2393

Run Report Close

→ Right click on the first one and select "go to account"

Claims Not Sent Report

Filters: From 11/24/2021 To 12/01/2021 Claim Filter: All Refresh

Date of Service	Claim Type	Claim Status	Patient Name	Carrier Name	Claim Fee	Proc Codes
11/29/2021	Pri	WaitQ	[REDACTED]	United Healthcare	\$626.00	D2392, D0120, D0274, D1110, D1208, D0220, D0230
11/29/2021	Pri	WaitQ	[REDACTED]	Delta Dental of MO	\$174.00	D0120
11/29/2021	Sec	Hold	[REDACTED]	Delta Dental of NM	\$212.00	D0220, D0230, D4910
11/29/2021	Pri	WaitQ	[REDACTED]	Metlife	\$544.00	D0210, D2331, D1110
11/29/2021	Pri	WaitQ	[REDACTED]	United Healthcare	\$212.00	D0230, D4910, D0220, D0120
11/29/2021	Pri	WaitQ	[REDACTED]	Delta Dental of GA	\$330.00	D2393
11/29/2021	Pri	WaitQ	[REDACTED]	Cigna	\$2,105.00	D0330, D0270, D0140, D0220, D7210, D7953, D7250, D7953
12/01/2021	Pri	WaitQ	[REDACTED]	Metlife	\$277.00	D0120, D0274, D1110, D0220, D0230
12/01/2021	Pri	WaitQ	[REDACTED]	Delta Dental of NM	\$312.00	D0274, D0220, D0120, D0230, D4910
12/01/2021	Pri	WaitQ	[REDACTED]	Ameritas	\$1,100.00	D2392, D2392, D2392, D2392
12/01/2021	Pri	WaitQ	[REDACTED]	Delta Dental of WA	\$386.00	D0120, D0274, D0220, D0230, D4910, D1208

Run Report Close



→ This will bring you into the pt's ledger, where you will see the unsent claim in Red that states "Waiting to Send"

Patient Account								
Date	Patient	Prov	Code	Tth	Description	Charges	Credits	Balance
11/29/2021	Ian	MN	D0120		periodic oral evaluation - established patient Ins Est: \$26.00	26.00		26.00
11/29/2021		Office	D0220		intraoral - periapical first radiographic image Ins Est: \$16.00	16.00		42.00
11/29/2021		Office	D0230		intraoral - periapical each additional radiographic image Ins Est: \$13.00	13.00		55.00
11/29/2021		Office	D0274		bitewings - four radiographic images Ins Est: \$35.00	35.00		90.00
11/29/2021		MN	D1110		prophylaxis - adult Ins Est: \$58.00	58.00		148.00
11/29/2021		MN	D1208		topical application of fluoride - excluding varnish Pat Port: \$26.00	26.00		174.00
11/29/2021		MN	D2392	31	OB resin-based composite - two surfaces, posterior Ins Est: \$55.20, Pat Port: \$63.80	119.00		293.00
11/29/2021		MN	Pay		Credit Card \$63.80 RESULT=SUCCESS TYPE=Purchase APPROVALCODE=737935 AVSRESULT=Y CVRESULT=M SWIPED=F CONTACTLESS=F CLERK=Audrina Aviles XCACCOUNTID=XALWx0y1CRG3zL XCTransactionID=1655172116 ACCOUNT=XXXXXXXXXXXX1435 EXPIRATION=0624 ACCOUNTTYPE=VISA AMOUNT=63.80 APPROVEDAMOUNT=63.80		63.80	229.20
11/29/2021	Ian	MN	Claim		Pri Claim \$626.00 United Healthcare Waiting to Send Estimated Payment Pending: \$203.20 Deductible Applied: \$50.00 Est. Patient Portion: \$89.80			

→ Double click on the unsent claim and the claim will open:

**Edit Claim**

Claim Status: Waiting to Send  
 Claim Type: Primary  
 Date of Service: 11/29/2021  
 Date Orig Sent: 12/01/2021  
 Date Received:   
 Resend   
 Med/Dent: Dental  
 Claim Form: ADA 2012  
 Billing Provider: Office  
 Treating Provider: MN  
 Predeterm Benefits:   
 Insurance Plan: United Healthcare  
 Relationship: Self  
 Other Coverage:   
 Enter Payment: As Total, By Procedure, Supplemental, Split Claim

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	11/29/2021	MN	D0120		periodic oral evaluation - established patient	26.00	39.00	0.00	26.00	0.00				
2	11/29/2021	Office	D0274		bitewings - four radiographic images	35.00	100.00	0.00	35.00	0.00				
3	11/29/2021	MN	D1110		prophylaxis - adult	58.00	100.00	0.00	58.00	0.00				
4	11/29/2021	MN	D1208		topical application of fluoride - excluding varnish	26.00	74.00	0.00	0.00	0.00				
5	11/29/2021	Office	D0220		intraoral - periapical first radiographic image	16.00	20.00	0.00	16.00	0.00				
6	11/29/2021	Office	D0230		intraoral - periapical each additional	13.00	18.00	0.00	13.00	0.00				
<b>Totals</b>						626.00	50.00		203.20	0.00				

View ERA View EOB Recalculate Estimates

**Insurance Payments**

Date	Type	Amount	Check Num	Bank/Branch	Note
Finalize Payment: Batch, Click Batch after entering all ins payments for one EOB, or This Claim Only Reasons underpaid: (shows on patient bill)					

General Attachments Misc Medical Status History

Crown, Bridge, or Denture: ☒ No ☐ Initial ☐ Replacement  
 Prior Date of Placement:   
 (Might need a note. Might need to attach x-ray)  
 For bridges, dentures, and partials, missing teeth must have been correctly entered in the Chart module.

Place of Service: Office  
 Employment Related: No  
 Accident: No  
 Accident Date:   
 Accident State:   
 Ortho: Is For Ortho ☐  
 Date of Placement:   
 Months Total: 0  
 Months Remaining: 0  
 Claim Referral: Only enter referring provider and referral number if required by your insurance carrier.  
 Referring Provider: None, Select, Edit  
 Referral Number:   
 Claim Note (this will show on the claim when submitted):   
 (does not cancel payment edits)

Delete Label Preview Print Send History OK Cancel

Check that the billing provider and treating provider are correct

**Edit Claim - [Redacted]**

Claim Status: Waiting to Send  
 Claim Type: Primary  
 Date of Service: 11/29/2021  
 Date Orig Sent: [Redacted]  
 Date Sent: 12/01/2021  
 Date Received: [Redacted]

Med/Dent: Dental  
 Claim Form: ADA 2012  
 Billing Provider: Office  
 Treating Provider: MN  
 Predetermined Benefits: [Redacted]

Insurance Plan: United Healthcare  
 Relationship: Self  
 Other Coverage: [Redacted]

Enter Payment:  
 As Total  
 By Procedure  
 Supplemental  
 Split Claim

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	11/29/2021	MN	D0120		periodic oral evaluation - established patient	26.00	39.00	0.00	26.00	0.00	0.00				
2	11/29/2021	Office	D0274		bite wings - four radiographic images	35.00	100.00	0.00	35.00	0.00	0.00				
3	11/29/2021	MN	D1110		prophylaxis - adult	58.00	100.00	0.00	58.00	0.00	0.00				
4	11/29/2021	MN	D1208		topical application of fluoride - excluding varnish	26.00	74.00	0.00	0.00	0.00	0.00				
5	11/29/2021	Office	D0220		intraoral - periapical first radiographic image	16.00	20.00	0.00	16.00	0.00	0.00				
6	11/29/2021	Office	D0230		intraoral - periapical each additional radiographic image	13.00	18.00	0.00	13.00	0.00	0.00				
<b>Totals</b>						626.00	50.00		203.20	0.00	0.00				

View ERA View EOB Recalculate Estimates

**Insurance Payments**

Date	Type	Amount	Check Num	Bank/Branch	Note
[Empty]					

Finalize Payment:  
 + Batch  
 Click Batch after entering all ins payments for one EOB; or  
 + This Claim Only

Reasons underpaid: (shows on patient bill)

General Attachments Misc Medical Status History

Crown, Bridge, or Denture:  
☒ No ☐ Initial ☐ Replacement  
 Prior Date of Placement: [Redacted]  
 (Might need a note. Might need to attach x-ray)  
 For bridges, dentures, and partials, missing teeth must have been correctly entered in the Chart module.

Place of Service: Office  
 Employment Related: No

Accident:  
 Accident Related: No  
 Accident Date: [Redacted]  
 Accident State: [Redacted]

Ortho:  
 Is For Ortho: ☐  
 Date of Placement: [Redacted]  
 Months Total: 0  
 Months Remaining: 0

Claim Referral:  
 Only enter referring provider and referral number if required by your insurance carrier.  
 Referring Provider: [Redacted]  
 Referral Number: [Redacted]

Claim Note (this will show on the claim when submitted)

Delete Label Preview Print Send History

(does not cancel payment edits) OK Cancel

→ Right click in the claim note and insert quick note

**Procedures**

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	11/29/2021	MN	D0120		periodic oral evaluation - established patient	26.00	39.00	0.00	26.00	0.00	0.00				
2	11/29/2021	Office	D0274		bite wings - four radiographic images	35.00	100.00	0.00	35.00	0.00	0.00				
3	11/29/2021	MN	D1110		prophylaxis - adult	58.00	100.00	0.00	58.00	0.00	0.00				
4	11/29/2021	MN	D1208		topical application of fluoride - excluding varnish	26.00	74.00	0.00	0.00	0.00	0.00				
5	11/29/2021	Office	D0220		intraoral - periapical first radiographic image	16.00	20.00	0.00	16.00	0.00	0.00				
6	11/29/2021	Office	D0230		intraoral - periapical each additional radiographic image	13.00	18.00	0.00	13.00	0.00	0.00				
<b>Totals</b>						626.00	50.00		203.20	0.00	0.00				

View ERA View EOB Recalculate Estimates

**Insurance Payments**

Date	Type	Amount	Check Num	Bank/Branch	Note
[Empty]					

Finalize Payment:  
 + Batch  
 Click Batch after entering all ins payments for one EOB; or  
 + This Claim Only

Reasons underpaid: (shows on patient bill)

General Attachments Misc Medical Status History

Crown, Bridge, or Denture:  
☒ No ☐ Initial ☐ Replacement  
 Prior Date of Placement: [Redacted]  
 (Might need a note. Might need to attach x-ray)  
 For bridges, dentures, and partials, missing teeth must have been correctly entered in the Chart module.

Place of Service: Office  
 Employment Related: No

Accident:  
 Accident Related: No  
 Accident Date: [Redacted]  
 Accident State: [Redacted]

Ortho:  
 Is For Ortho: ☐  
 Date of Placement: [Redacted]  
 Months Total: 0  
 Months Remaining: 0

Claim Referral:  
 Only enter referring provider and referral number if required by your insurance carrier.  
 Referring Provider: [Redacted]  
 Referral Number: [Redacted]

Claim Note (this will show on the claim when submitted)

Right-click context menu:

- Insert Date Ctrl+D
- Insert Quick Paste Note Ctrl+Q
- Cut Ctrl+X
- Copy Ctrl+C
- Paste Ctrl+V

Delete Label Preview Print Send History

(does not cancel payment edits) OK Cancel

→ Select the first note that pops up labeled “claim”

→ Click “Send”

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	11/29/2021	MN	D0120		periodic oral evaluation - established patient	26.00	39.00	0.00	26.00	0.00	0.00				
2	11/29/2021	Office	D0274		bitewings - four radiographic images	35.00	100.00	0.00	35.00	0.00	0.00				
3	11/29/2021	MN	D1110		prophylaxis - adult	58.00	100.00	0.00	58.00	0.00	0.00				
4	11/29/2021	MN	D1208		topical application of fluoride - excluding varnish	26.00	74.00	0.00	0.00	0.00	0.00				
5	11/29/2021	Office	D0220		intraoral - periapical first radiographic image	16.00	20.00	0.00	16.00	0.00	0.00				
6	11/29/2021	Office	D0230		intraoral - periapical each additional	13.00	18.00	0.00	13.00	0.00	0.00				
<b>Totals</b>						626.00	50.00	203.20	0.00	0.00					

## OR YOU CAN

→ Go into a patient's ledger and individually highlight all (unsent) procedures

Patient Account								
Date	Patient	Prov	Code	Tth	Description	Charges	Credits	Balance
08/31/2021		CA	D9987		cancelled appointment	0.00		0.00
11/29/2021		MN	D0120		periodic oral evaluation - established patient (unsent) Pat Port: \$26.00	26.00		26.00
11/29/2021		Office	D0220		intraoral - periapical first radiographic image (unsent) Pat Port: \$16.00	16.00		42.00
11/29/2021		Office	D0230		intraoral - periapical each additional radiographic image (unsent) Pat Port: \$13.00	13.00		55.00
11/29/2021		Office	D0274		bitewings - four radiographic images (unsent) Pat Port: \$35.00	35.00		90.00
11/29/2021		MN	D1110		prophylaxis - adult (unsent) Pat Port: \$58.00	58.00		148.00
11/29/2021		MN	D1208		topical application of fluoride - excluding varnish (unsent) Pat Port: \$26.00	26.00		174.00
11/29/2021		MN	D2392	31	OB resin-based composite - two surfaces, posterior (unsent) Pat Port: \$119.00	119.00		293.00
11/29/2021		MN	Pay		Credit Card \$63.80 RESULT=SUCCESS TYPE=Purchase APPROVALCODE=737935 AVSRESULT=Y CVRESULT=M SWIPED=F CONTACTLESS=F CLERK=Audrina Aviles XCACCOUNTID=XAWx0y1CRG3zL XCTransactionID=1655172116 ACCOUNT=XXXXXXXXXXXXX1435 EXPIRATION=0624 ACCOUNTTYPE=VISA AMOUNT=63.80 APPROVEDAMOUNT=63.80		63.80	229.20

→ Exclude any procedures marked "do not bill". Click on "New claim" at the top

Select Patient

Comlog

E-mail

WebMail

Text

Letter

Forms

Tasks

Label

Popups

Payment

Adjustment

New Claim

Payment Plan

Installment Plan

Quick Procs

Statement

DXC Pa

Family Aging

0-30

31-60

61-90

over 90

Total

-Ins Est

=Est Bal

Pat Est Bal

Unearned

Ins Ren

229.20

0.00

0.00

0.00

229.20

0.00

229.20

229.20

0.00

Patient Account

Auto Ortho

Patient Account

Date	Patient	Prov	Code	Tth	Description	Charges	Credits	Balance
08/31/2021		CA	D9987		cancelled appointment	0.00		0.00
11/29/2021		MN	D0120		periodic oral evaluation - established patient (unsent) Pat Port: \$26.00	26.00		26.00
11/29/2021		Office	D0220		intraoral - periapical first radiographic image (unsent) Pat Port: \$16.00	16.00		42.00
11/29/2021		Office	D0230		intraoral - periapical each additional radiographic image (unsent) Pat Port: \$13.00	13.00		55.00
11/29/2021		Office	D0274		bitewings - four radiographic images (unsent) Pat Port: \$35.00	35.00		90.00
11/29/2021		MN	D1110		prophylaxis - adult (unsent) Pat Port: \$58.00	58.00		148.00
11/29/2021		MN	D1208		topical application of fluoride - excluding varnish (unsent) Pat Port: \$26.00	26.00		174.00
11/29/2021		MN	D2392	31	OB resin-based composite - two surfaces, posterior (unsent) Pat Port: \$119.00	119.00		293.00
11/29/2021		MN	Pay		Credit Card \$63.80 RESULT=SUCCESS TYPE=Purchase APPROVALCODE=737935 AVSRESULT=Y CVRESULT=M SWIPED=F CONTACTLESS=F CLERK=Audrina Aviles XCACCOUNTID=XAWx0y1CRG3zL XCTransactionID=1655172116 ACCOUNT=XXXXXXXXXXXXX1435 EXPIRATION=0624 ACCOUNTTYPE=VISA AMOUNT=63.80 APPROVEDAMOUNT=63.80		63.80	229.20

→ The new claim will pop up:

Claim Status: Waiting to Send  
 Claim Type: Primary  
 Date of Service: 11/29/2021  
 Date Orig Sent: 12/01/2021  
 Date Sent: 12/01/2021  
 Date Received:   
 Resend

Med/Dent: Dental  
 ClaimForm: ADA 2012  
 Billing Provider: Office  
 Treating Provider: MN  
 Predeterm Benefits:   
 Change None

Insurance Plan: United Healthcare  
 Relationship: Self  
 Other Coverage:   
 Change None

Enter Payment: As Total, By Procedure, Supplemental, Split Claim

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	11/29/2021	MN	D0120		periodic oral evaluation - established patient	26.00	39.00	0.00	26.00	0.00	0.00				
2	11/29/2021	Office	D0274		bitewings - four radiographic images	35.00	100.00	0.00	35.00	0.00	0.00				
3	11/29/2021	MN	D1110		prophylaxis - adult	58.00	100.00	0.00	58.00	0.00	0.00				
4	11/29/2021	MN	D1208		topical application of fluoride - excluding varnish	26.00	74.00	0.00	0.00	0.00	0.00				
5	11/29/2021	Office	D0220		intraoral - periapical first radiographic image	16.00	20.00	0.00	16.00	0.00	0.00				
6	11/29/2021	Office	D0230		intraoral - periapical each additional	13.00	18.00	0.00	13.00	0.00	0.00				

Totals: 626.00 50.00 203.20 0.00 0.00  
 View ERA View EOB Recalculate Estimates

Insurance Payments: Date, Type, Amount, Check Num, Bank/Branch, Note  
 Finalize Payment: Batch, This Claim Only  
 Reasons underpaid: (shows on patient bill)

General Attachments Misc Medical Status History  
 Crown, Bridge, or Denture: No Initial Replacement  
 Prior Date of Placement:   
 (Might need a note. Might need to attach x-ray)  
 For bridges, dentures, and partials, missing teeth must have been correctly entered in the Chart module.  
 Place of Service: Office  
 Employment Related: No  
 Accident: Accident Related: No, Accident Date: , Accident State:   
 Ortho: Is For Ortho: , Date of Placement: , Months Total: 0, Months Remaining: 0  
 Claim Referral: Only enter referring provider and referral number if required by your insurance carrier.  
 Referring Provider: None Select Edit  
 Referral Number:   
 Claim Note (this will show on the claim when submitted):   
 Delete Label Preview Print Send History (does not cancel payment edits) OK Cancel

→ From here you will add in the quick note, check that the treating and billing provider are correct and send.

◆ Things to note BEFORE sending claims:

◆ Medicaid requires a caries risk assessment (D0601, D0602, D0603) for ALL exams

→ To print a claim, simply click "Print" instead of "Send."

#### b. Claim Statuses:

**Waiting to Send:** Claim has been created and batched but has not yet been sent.

**Sent:** A claim has been sent either electronically or by mail (printed)

**Received:** A claim that has been paid and received

**Received No Payment:** Claim is closed and no payment has been received from insurance

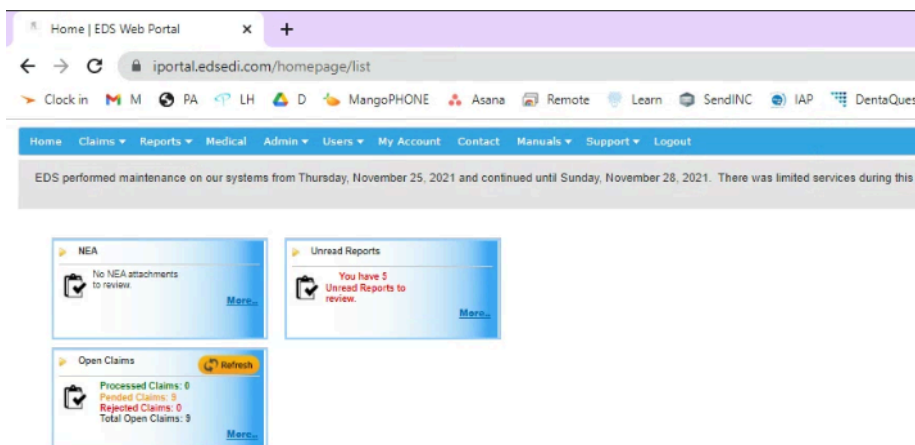
## c. EDS

### Objective:

EDS is the electronic clearinghouse we use when submitting electronic claims and it provides reports to us that need to be checked **DAILY** after claim submission. Once the claim has left OpenDental it goes directly to EDS. EDS reads through each claim and checks for any errors that need to be corrected before sending off to insurance. Errors could be anything from attachment needs to Primary paid information. The purpose of understanding and checking these reports daily is to be sure that everything needed for the claim to be paid by insurance is sent and/or corrected immediately. This will ensure that our Outstanding Insurance Claims report stays as low as possible.

[https://portal.edsedi.com/user/login?destination=/openreports/list&autologout\\_timeout=1](https://portal.edsedi.com/user/login?destination=/openreports/list&autologout_timeout=1)

#### → Open EDS



#### → Under “Unread reports” click “More”

Open Reports

Report Date From To Find Clear

Mark Read

Report Date	Practice ID	Practice Name	Location	Report Name	Read Date
	Select	Select	Select		
11/29/2021	PBRECKEN1	Breckinridge Dental ...	4150 E REUNER RD STE ...	Day End Confirmation	
11/24/2021	PBRECKEN1	Breckinridge Dental ...	4150 E REUNER RD STE ...	Day End Confirmation	
11/23/2021	PBRECKEN1	Breckinridge Dental ...	4150 E REUNER RD STE ...	EDS Maintenance Alert.alert_1.pdf	
11/23/2021	PBRECKEN1	Breckinridge Dental ...	4150 E REUNER RD STE ...	Day End Confirmation	
11/22/2021	PBRECKEN1	Breckinridge Dental ...	4150 E REUNER RD STE ...	Day End Confirmation	

- ❖ These reports need to be checked each daily

→ Click on “Day End Confirmation” and the end of day report will appear:

Daily Detail Report

08/02/2013

\*\*\* Please review Insurance Claim Response section for additional rejects and information

TP	Error	Acct#	Name	Insured ID	Thru Date	Charges	Ins. Company
EC					07/23/2013	\$263.00	DELTA DENTAL O
EC					07/23/2013	\$125.00	DELTA DENTAL O
EC					08/01/2013	\$170.00	DELTA DENTAL O
EC					08/01/2013	\$224.00	AMERITAS
EC					08/01/2013	\$554.00	METLIFE
PP					08/01/2013	\$287.00	WISCONSIN ELEC
EC					08/01/2013	\$393.00	DELTA DENTAL O
EC					08/01/2013	\$886.00	METLIFE
RJ	E5005				07/31/2013	\$803.00	WISCONSIN ELEC
EC					08/01/2013	\$152.00	ANTHEM
EC					08/01/2013	\$201.00	DELTA DENTAL O
EC					08/01/2013	\$215.00	AMERITAS
EC					08/01/2013	\$308.00	DELTA DENTAL O
PD	E0192				05/16/2013	\$8,383.00	DELTA DENTAL O
PD	E0192				07/09/2013	\$1,368.00	PRINCIPAL FINA
PD	E0192				07/09/2013	\$1,127.00	DELTA DENTAL O
PD	E0192				07/19/2013	\$1,506.00	DELTA DENTAL O
PD	E0192				07/23/2013	\$1,715.00	HUMANA DENTAL
PD	E0192				07/23/2013	\$387.00	HUMANA
PD	E0192				07/24/2013	\$4,588.00	DELTA DENTAL O
PD	E0192				07/24/2013	\$1,435.00	DELTA DENTAL O
PD	E0192				07/08/2013	\$3,441.00	EPIC BENEFITS
PD	E0192				07/25/2013	\$169.00	METLIFE
PD	E0192				07/25/2013	\$1,127.00	DELTA DENTAL O
PD	E0192				07/25/2013	\$308.00	DELTA DENTAL O
PD	E0192				07/09/2013	\$382.00	DELTA DENTAL O
PD	E0192				07/26/2013	\$2,254.00	DELTA DENTAL O
PD	E0192				07/26/2013	\$1,127.00	DELTA DENTAL O
PD	E0192				07/25/2013	\$162.00	HUMANA
PD	E0192				07/29/2013	\$1,147.00	DELTA DENTAL O
PD	E0192				07/29/2013	\$1,127.00	DELTA DENTAL O
PD	E0192				07/30/2013	\$1,127.00	DELTA DENTAL O
PD	E0192				07/30/2013	\$3,629.00	DELTA DENTAL O
PD	E0192					\$3,953.00	METLIFE
PD	E0192				07/31/2013	\$406.00	METLIFE
PD	E0192				08/01/2013	\$1,506.00	CIGNA RADIUS
Overall Summary							
45 Patients, 48 Claims, 108 Transactions, Total Claims \$50,265.00							
24 Electronic Claims, 53 Transactions, Total \$7,604.00							
1 Paper Claims, 3 Transactions, Total \$287.00							
23 Pending Claims, 52 Transactions, Total \$42,374.00							
0 Rejected Claims, 0 Transactions, Total \$.00							
Blank Thru Date is a Pre Auth							
Error Description							
E0192	Claim is pended for NEA attachments. Please log into FastAttach and complete required attachments.						
E5005	Invalid tooth number for the procedure code						
Insurance Claim Responses							
Patient ID#	Patient Name	Insured ID#	Ins. Comp.	Date Serv.	DC Num	Claim Amt.	Error Message
			WISCONSIN DELTA DENTAL	07/16/2013		343.00	MISSING OR INVALID INFORMATION. -INVALID SUBSCRIBER
Report Notes							
Any questions, Please contact EDS support at 800-482-3518.							

**EC: Electronic Claim** - Claim was sent correctly. No action needed.

**PP: Paper Claim** - Must print out claim and send via mail.

**RJ: Rejection Claim**

(scroll to the bottom and review the error code and reason for rejection)

**PD: Pended Claim** - Requires further action from the office. Example: NEA attachment or Primary paid information



**Overall Summary:**

Gives breakdown of information received on claims including:

# of Patients, # of Transactions, Total Claims dollar amount

# of electronic claims, # of Electronic Transactions, Total Electronic Claims dollar amount

# of paper claims, # of Paper Transactions, Total Paper claims dollar amount

# of Rejected Claims, # of Rejected Transactions, Total Rejected Claims dollar amount

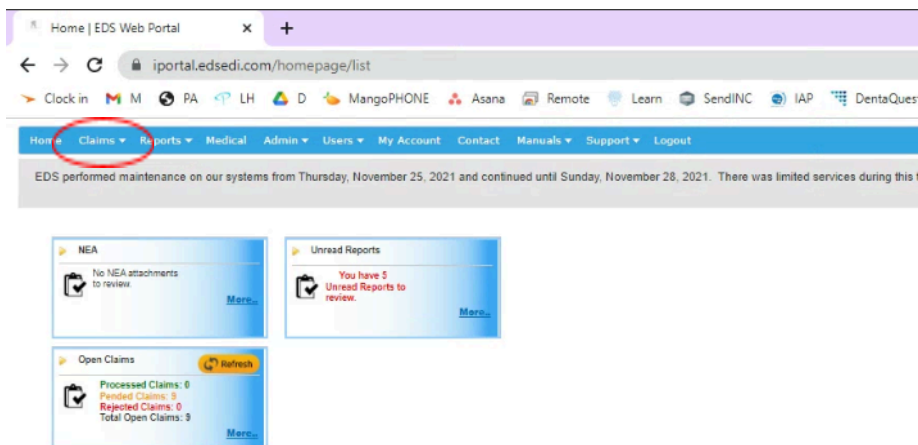
**Error:**

Claims rejected by EDS' edits. Error Code and Description

**Insurance Claim Responses:**

Claims rejected by the insurance company. These are not claims rejected by EDS. Includes patient ID, Patient Name, Insured ID#, Insurance Company, Date of Service, DC Number, Claim Amount and Error Message. Call the insurance company to find out why they rejected the claim

Once a claim is sent, you will go into EDS and select "Claims" at the top:



This will show you a list of the claims that you have sent from OpenDental today:



Search Criteria

Open Claims

Refresh

Open Claim

All Error Report

Print

Edit

<input type="checkbox"/>	NEA Status	Rec'd Time	EDS Claim ID	Type	Status	Patient Last	Patient First	Service Date	Amt.	Prim/Sec	Ins. Co. #	Payer ID	Insured ID	Prov. Name	Rec'd Date	Location
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-24	\$117.00	Primary	Aetna	60054			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-06-26	\$187.00	Primary	Aetna	60054			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-06-02	\$466.00	Primary	Aetna	50066			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-07-05	\$122.00	Primary	Arthon Bdr	04103			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-06-24	\$172.00	Primary	Belo Of Minnesota	FI017			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-07-01	\$80.00	Primary	Delta Dental Of CA	77777			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-07-02	\$240.00	Primary	Delta Dental Of Georgia	94276			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-02	\$173.00	Primary	Delta Dental Of FL	CD481			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-02	\$105.00	Primary	Delta Dental Of FL	CD481			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-07-31	\$172.00	Primary	Delta Dental Of FL	CD481			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-07-02	\$185.00	Primary	Delta Dental Of FL	CD481			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-06-02	\$122.00	Primary	Delta Dental Of FL	CD481			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-07-02	\$122.00	Primary	Delta Dental Of New Jersey	22189			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-07-02	\$526.00	Primary	Dental Network Of America	DNGA1			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-26	\$136.00	Primary	Dental Network Of America	DNGA1			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-06-26	\$122.00	Primary	Dental Network Of America	DNGA1			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-07-30	\$122.00	Primary	Health Partners - GA	C1009			2013-06-06	
<input type="checkbox"/>	Not	07:51	CAAA	Electronic	Pended			2013-06-02	\$900.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-07-31	\$122.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-02	\$122.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-07-26	\$101.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-01	\$165.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Review	07:51	CAAA	Electronic	Revised (U)			2013-06-01	\$137.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Not Needed	07:51	CAAA	Electronic	Edited			2013-06-02	\$122.00	Primary	Metlife	65978			2013-06-06	
<input type="checkbox"/>	Not Needed	07:52	CAAA	Electronic	Edited			2013-07-08	\$245.00	Primary	Metlife	65978			2013-06-06	

As you can see, this report will show you what's pended, rejected or edited. Edited means that the claim needs no further action, pended means that more information is required, for example NEA attachments or primary paid information.

For rejected claims, you can click on the rejection status and a box will appear with the reason for the rejection:

Claim Details for claim ID - Google Chrome

<https://portal.edsedi.com/openclaims/errors/CAAA00ME2/>

Responses
Print this window
Close this window

EDS Claim Number: CAAA00ME2  
Patient Name: [REDACTED]  
Insurance Company: Metlife  
Payer ID #: 65978  
DOS: 08/01/2013  
Claim Amount: \$137.00  
Insured ID: [REDACTED]

Error ID	Error Description
E5003-2	A tooth number or letter is required

From here, you can check the box next to the rejected claim select "Edit" and the actual claim will appear

Open Claims						
<div> <div>Refresh</div> <div>Deny Claim</div> <div>Error Report</div> <div>Send To NEA</div> <div>Cancel</div> </div>						
	Attach Status	Rec'd Time	EDS Claim ID	Practice ID	Practice Name	Type
	Select					
▶	<input type="checkbox"/> Not Needed	09:38	<a href="#">CFAAD6GIW</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic
▶	<input type="checkbox"/> Not Needed	09:35	<a href="#">CEAAD56NW</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic
▶	<input type="checkbox"/> Not Needed	09:40	<a href="#">CDAAD683F</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic
▶	<input type="checkbox"/> Not Needed	09:37	<a href="#">CDAAD6826</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic
▶	<input type="checkbox"/> Not Needed	09:39	<a href="#">CCAAD7RQX</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic
▶	<input checked="" type="checkbox"/> Pending	09:35	<a href="#">CHAAD68WP</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic

Open Claims										
<div> <div>Refresh</div> <div>Deny Claim</div> <div>Error Report</div> <div>Send To NEA</div> <div>Cancel NEA</div> <div>Print</div> <div>Edit</div> </div>										
	Attach Status	Rec'd Time	EDS Claim ID	Practice ID	Practice Name	Type	Status	Patient Last	Patient First	Service Date

Under line 27 (below) you can use the drop down boxes to select the tooth number or fix any other errors, then click submit at the upper right corner:

Header Information

1. Type of Transaction (Check all applicable boxes)

2. Statement of Actual Service - Request for Predetermination/Preauthorization

3. BPSOT/Title ID#

4. Predetermination/Preauthorization Number

5. Name, Address, City, State, Zip Code

6. Insurance Company

7. Address

8. City

9. State

10. Zip Code

11. Other Coverage (Mark applicable and complete items 5-11, if none, mark blank)

12. Other Dental or Medical Coverage?

13. Subscriber Name (Last, First, Middle Initial, Suffix)

14. Last Name

15. Date of Birth (MM/DD/CCYY)

16. Gender

17. Plan/Group Number

18. Other Carrier Name, Address, City, State, Zip Code

19. Name

20. Address

21. City

22. State

23. Zip Code

Primary Payer Information

1. Name, Address, City, State, Zip Code

2. Insurance Company

3. Address

4. City

5. State

6. Zip Code

7. Other Coverage (Mark applicable and complete items 5-11, if none, mark blank)

8. Other Dental or Medical Coverage?

9. Subscriber Name (Last, First, Middle Initial, Suffix)

10. Last Name

11. Date of Birth (MM/DD/CCYY)

12. Gender

13. Plan/Group Number

14. Other Carrier Name, Address, City, State, Zip Code

15. Name

16. Address

17. City

18. State

19. Zip Code

Primary Subscriber Information

1. Name, Address, City, State, Zip Code

2. Last Name

3. First Name

4. Address

5. City

6. State

7. Zip Code

8. Date of Birth (MM/DD/CCYY)

9. Gender

10. Plan/Group Number

11. Other Carrier Name, Address, City, State, Zip Code

12. Name

13. Address

14. City

15. State

16. Zip Code

Patient Information

1. Name, Address, City, State, Zip Code

2. Last Name

3. First Name

4. Address

5. City

6. State

7. Zip Code

8. Date of Birth (MM/DD/CCYY)

9. Gender

10. Plan/Group Number

11. Other Carrier Name, Address, City, State, Zip Code

12. Name

13. Address

14. City

15. State

16. Zip Code

RECORD OF SERVICES PROVIDED

1. Transaction

2. Primary Payment Info

3. Tooth Surface

4. Procedure Code

5. Drug Name

6. Description

7. Fee

8. Add Fee

1. Transaction

2. Primary Payment Info

3. Tooth Surface

4. Procedure Code

5. Drug Name

6. Description

7. Fee

8. Add Fee

**Do not delay in fixing EDS submission errors. This is paramount. Procrastinating this step can and will lead to an avalanche of delayed claim payments and can be one of the most devastating diseases in any dental practice. Make sure your claims are indeed sent by EDS**

## NEA FastAttach

NEA is the system we use to send attachments to insurance companies for the certain procedures that require attachments. Procedures that require attachments:

**Periodontal Procedures:**

18

1. Scaling and Root Planing
  - Panoramic x-ray (add FMX and vertical BWX if available) and Periodontal Charting needed along with narrative.
2. Periodontal Maintenance
  - Panoramic x-ray (add FMX if available), Periodontal Charting, and SRP dates of service needed along with narrative.

**Restorative Procedures:**

3. Crown with or without Build Up or Post & Core
  - Pre-Op x-ray of tooth/teeth for treatment and Post-Op PA x-rays with narrative. Initial or Replacement info needed.
4. Root Canal
  - Pre-Op x-ray of tooth, Xray of tooth with files down to the apex (must show apex of root), post op xray with narrative.

**Oral Surgery Procedures:**

5. Simple/Surgical Extraction
  - PA x-ray (add panoramic if available) with narrative.
6. Wisdom Tooth Extraction
  - PA x-ray (add panoramic if available) with narrative.
7. Implant
  - Pre-Op and Post-Op x-rays with narrative including date(s) of extraction.
8. Bone Graft
  - Panoramic or PA x-ray with narrative. Notate if implant related.
9. Fillings
  - Pre-Op x-ray of tooth/teeth for treatment with narrative.

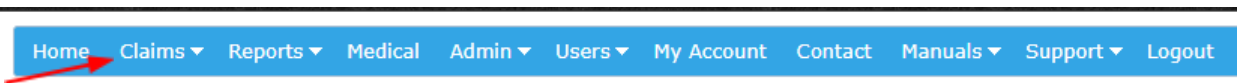
**Other Procedures:**

10. Occlusal Guard
  - Panoramic x-ray with narrative. Notate the word "Bruxism" in narrative if applicable.
11. Bridge
  - Pre-Op and Post-Op x-rays with narrative including date(s) of extraction.
12. Partial
  - Panoramic x-ray needed with narrative including date(s) of extractions and teeth being replaced.
13. Dentures
  - Panoramic x-ray needed with narrative including date(s) of extractions.

EDS typically will know which procedures require which attachments and will automatically upload them to NEA for you to attach. The ones that may need to be manually created are typically when secondary insurance is involved and we need to send a copy of the primary EOB.

To manually send a claim to NEA for attachments:

1. Open EDS
2. Click "Claims"



3. Select the claim you need a manual attachment for

Open Claims

Refresh

Deny Claim

Error Report


Send To NEA


Cancel NEA


	<input type="checkbox"/>	Attach Status	Rec'd Time	EDS Claim ID	Practice ID	Practice Name	Type	Status
		Select						Select
▶	<input type="checkbox"/>	Not Needed	09:38	<a href="#">CFAAD6GIW</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:35	<a href="#">CEAAD56NW</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:40	<a href="#">CDAAD683F</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:37	<a href="#">CDAAD6826</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:39	<a href="#">CCAAD7RQX</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input checked="" type="checkbox"/>	Pended	09:35	<a href="#">CHAAD68WP</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Pended


4. Click "Send to NEA"


Open Claims

 Refresh

 Deny Claim

 Error Report

 Send To NEA

 Cancel NEA

	<input type="checkbox"/>	Attach Status	Rec'd Time	EDS Claim ID	Practice ID	Practice Name	Type	Status
		Select						Select
▶	<input type="checkbox"/>	Not Needed	09:38	<a href="#">CFAAD6GIW</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:35	<a href="#">CEAAD56NW</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:40	<a href="#">CDAAD683F</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:37	<a href="#">CDAAD6826</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input type="checkbox"/>	Not Needed	09:39	<a href="#">CCAAD7RQX</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Edited
▶	<input checked="" type="checkbox"/>	Pended	09:35	<a href="#">CHAAD68WP</a>	PTHRIVED1	Thrive Dental and Ort...	Electronic	Pended

#### To use NEA:

1. Open NEA



2. Login with your specific login, the fastattach portal will appear

FastAttach: Main CN123473 - thrivefrisco

Help Manage

**VYNE DENTAL** **FastAttach®**

Claim Attachments | Vyne Connect

New / Search Edit Delete Send Interface Import Provider Information Payor Information FastAttach Web

Quick Group Clear Grouping Save Layout Reset Layout Export Last Refreshed: 12/2/2021 12:44 PM

Enter text to search... Find Clear

Drag a column header here to group by that column

Status	Patient Full Name	Insured Id	Doctor Full Name	Payor Name	Date Of Service	Create Date	Date Of Birth	Location
Needs Attentio...	[REDACTED]	26123350545	Maryam Fazal	BCBS of Texas	11/29/2021 - 1...	12/02/2021	09/11/1978	CN123473
Needs Attentio...	Carol W...	454714373	Maryam Fazal	MetLife	12/01/2021 - 1...	12/02/2021	09/03/1966	CN123473

3. Double click on an individual patient, the attachment box will appear

FastAttach: Data Entry CN123473 - thrivefrisco

Help

Save Hold Patient Info

The patient information in this communication is protected by U.S. Privacy Laws. If you are not the intended recipient or an agent thereof, disclosing, distributing or copying the information is prohibited by law; you must delete it and notify the sender. Cancel

**Patient Information**

Patient Name [REDACTED]  
 DOB [REDACTED]  
 Home Location CN123473  
 Services Rendered CN123473  
 Provider Maryam Fazal

**Insurance Information**

Payor BCBS of Texas  
[Check Requirements](#)  
 Member Name [REDACTED]  
 Relationship Self  
 Member Id [REDACTED]

Procedure Code	Tooth # / Quad	Requirement
D2392	30, NONE	
D2740	3, NONE	X-RAY
D2950	3, NONE	

**Dates of Service**

☒ Claim ☐ Prior Authorization  
 Date of Service From: 11/29/2021  
☐ Edit date of service thru  
 Date of Service Thru: 11/29/2021

**Capture Images**

Screen Capture Twain / Scanner File Import Archive Fast Kapture

Image	Description	Size	Archive
No images have been added			

**EOB Information**

Did the payor request this attachment? ☐ Yes ☒ No  
 Payor Reference Number

**Narrative**

UNLESS THIS CLAIM IS PAID OR DENIED WITHIN 30 DAYS WE WILL FILE A COMPLAINT WITH THE DENTAL INSURANCE COMMISSIONER. PLEASE PAY ACCORDINGLY.

4. In the bottom left hand corner box it will tell you which attachments are needed

5. Click "Screen Capture"

**FastAttach: Data Entry** CN123473 - thrivefrisco

Help

Save Hold Patient Info Cancel

The patient information in this communication is protected by U.S. Privacy Laws. If you are not the intended recipient or an agent thereof, disclosing, distributing or copying the information is prohibited by law; you must delete it and notify the sender.

**Patient Information**

Patient Name [REDACTED]  
 DOB [REDACTED]  
 Home Location CN123473  
 Services Rendered CN123473  
 Provider Maryam Fazal

**Insurance Information**

Payor BCBS of Texas  
[Check Requirements](#)  
 Member Name [REDACTED]  
 Relationship Self  
 Member Id [REDACTED]

Procedure Code	Tooth # / Quad	Requirement
D2392	30, NONE	
D2740	3, NONE	X-RAY
D2950	3, NONE	

**Dates of Service**

☒ Claim ☐ Prior Authorization

Date of Service From: 11/29/2021  
☐ Edit date of service thru  
 Date of Service Thru: 11/29/2021

**Capture Images**

Screen Capture Twain / Scanner File Import Archive Fast Kapture

Image	Description	Size	Archive
No images have been added			

**EOB Information**

Did the payor request this attachment? ☐ Yes ☒ No

Payor Reference Number [REDACTED]

**Narrative**

UNLESS THIS CLAIM IS PAID OR DENIED WITHIN 30 DAYS WE WILL FILE A COMPLAINT WITH THE DENTAL INSURANCE COMMISSIONER. PLEASE PAY ACCORDINGLY.

6. Draw a rectangle around the attachment needed and label:

- For Xrays: Under "Manual" tab, left side is pt's right, date taken and under "Select Type" click X-RAY
- Perio Charting: Click on the "Non-Xray" tab, in the "Select Type" drop down click "periodontal charting"
- For Secondary EOB: Still under the non xray tab, you will just select "EOB" under the select type drop down

**FastAttach: Edit Image** CN123473 - thrivefrisco

Help

Image Orientation Next Cancel

**Bubble Manual Non-XRay By Tooth**

☒ The left side is the patient's right side  
☐ The left side is the patient's left side

Date Taken 12/02/2021

Select Type X-RAY

Image Note (NOT PASSED TO PAYOR)

[X-ray image]

- From here, it will bring you back to the main screen of the attachment window and you will see the image has been loaded and you can click "Save"

FastAttach: Data Entry CN123473 - thrivefrisco

Help

Save Hold Patient Info Cancel

The patient information in this communication is protected by U.S. Privacy Laws. If you are not the intended recipient or an agent thereof, disclosing, distributing or copying the information is prohibited by law; you must delete it and notify the sender.

**Patient Information**

Patient Name [REDACTED]  
 DOB [REDACTED]  
 Home Location CN123473  
 Services Rendered CN123473  
 Provider Maryam Fazal

**Insurance Information**

Payor BCBS of Texas  
[Check Requirements](#)  
 Member Name [REDACTED]  
 Relationship Self  
 Member Id [REDACTED]

Procedure Code	Tooth # / Quad	Requirement
D2392	30, NONE	
D2740	3, NONE	X-RAY
D2950	3, NONE	

**Dates of Service**

☒ Claim ☐ Prior Authorization

Date of Service From: 11/29/2021  
☐ Edit date of service thru

Date of Service Thru: 11/29/2021

**Capture Images**

Screen Capture Twain / Scanner File Import Archive Fast Kapture

Image	Description	Size	Archive		
1	X-RAY	62340	No	Edit	Delete

**EOB Information**

Did the payor request this attachment? ☐ Yes ☒ No

Payor Reference Number

**Narrative**

UNLESS THIS CLAIM IS PAID OR DENIED WITHIN 30 DAYS WE WILL FILE A COMPLAINT WITH THE DENTAL INSURANCE COMMISSIONER. PLEASE PAY ACCORDINGLY.

- It will bring you back to the main fastattach screen and under status will show "Ready to Send", you can click "Send" from there

FastAttach: Main CN123473 - thrivefrisco

Help Manage

**VYNE DENTAL** **FastAttach®**

Claim Attachments Vyne Connect

New / Search Edit Delete Send Interface Import Provider Information Payor Information FastAttach Web

Quick Group Clear Grouping Save Layout Reset Layout Export Last Refreshed: 12/2/2021 12:55 PM

Enter text to search... Find Clear

Drag a column header here to group by that column

Status	Patient Full Name	Insured Id	Doctor Full Name	Payor Name	Date Of Service	Create Date	Date Of Birth	Location
Ready to Send	[REDACTED]	4830580547	Maryam Fazal	BCBS of Texas	11/29/2021 - 1...	12/02/2021	09/11/1978	CN123473



9. The fastattach report will populate automatically after sending the attachment back to EDS. Copy and paste the NEA# into the pt's commlog account and put a detailed note of what it's for and what date of service.

The screenshot shows a web application window titled "FastAttach: View Reports" with the patient identifier "CN123473 - thrivefrisco". The window has a menu bar with "File" and "Help", and three buttons: "Close", "Print", and "Print All". The main content area is titled "Attachment Submission Report" and displays the following information:

Vyne Dental

Your Facility Number: CN123473      Date: 12/02/2021 13:57:14

---

\*\* ATTACHMENT FILE RECEIPT \*\*

NEA#243634150

Once the attachment is sent, it will take a few minutes for EDS to receive the attachment but when it does, it will show up as green "edited" and that's how you know it's been sent and nothing further is needed.

## **D. Posting Payments**

Most insurance providers pay claims via mailed checks. Some insurance providers pay via EFT (Electronic Funds Transfers) which requires logging into their website to receive payments and printing the EOB (explanation of benefits).

It's a rare occasion for us but insurance will sometimes send the patient the payment for services that the office has completed. Most are Delta Dental customers. Typically this is discovered when doing the aging report and checking the claims payment status. **(See Aging Report & Billing Statements)**

When posting the insurance checks, it's important to note that posting payments for general procedures is different from posting for orthodontic procedures.

### **a. Payment Details**

## **Insurance Checks (General procedures)**

With a patient selected in the ledger, double click the claim that you want to enter a payment for. The edit claim window will appear. Under the Enter Payment box in the upper right corner of the claim window, select "By Procedure", the "Enter Payment" window will open:



**Edit Claim**

Claim Status: Sent - Verified  
 Claim Type: Primary  
 Date of Service: 11/18/2021  
 Date Orig Sent: 11/19/2021  
 Date Sent: 11/19/2021  
 Date Received:   
 Resend

Med/Dent: Dental  
 Claim Form: ADA 2012  
 Billing Provider: Office  
 Treating Provider: MN  
 Predetermined Benefits:   
 Change None

Insurance Plan: Delta Dental of GA  
 Relationship: Self  
 Other Coverage:   
 Change None

Enter Payment  
 As Total  
 By Procedure  
 Supplemental  
 Split Claim

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	11/18/2021	MN	D0150		comprehensive oral evaluation - new or established patient	40.00	49.00	0.00	40.00	0.00	0.00				

**Enter Payment**

Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Allowed	Ins Pay	Writeoff	Status	Pmt	Pay Tracking	Remarks
11/18/2021	MN	D0150		comprehensive oral evaluation - new or established patient	40.00	49.00	0.00		40.00	0.00	Recd			
11/18/2021	Office	D0274		bitewings - four radiographic images	33.00	100.00	0.00		33.00	0.00	Recd			
11/18/2021	Office	D0220	8	intraoral - periapical first radiographic image	14.00	20.00	0.00		14.00	0.00	Recd			
11/18/2021	Office	D0230	9	intraoral - periapical each additional radiographic image	12.00	19.00	0.00		12.00	0.00	Recd			
11/18/2021	Ch	D4910		periodontal maintenance	79.00	135.00	0.00		59.25	0.00	Recd			
<b>Totals</b>					323.00	0.00	0.00		158.25	0.00				

Assign to selected procedure:   
 On all unpaid amounts:   
 Deductible   
 Write Off

Before you click OK, the Deductible and the Ins Pay amounts should exactly match the insurance EOB.

OK Cancel

We always want to be sure that we accurately post all procedure amounts. This means you need to make sure that you are posting the correct fee to the correct code and making sure that the deductibles are being entered in the correct areas. Oftentimes, the EOB we receive is in a different order by procedure code than what we have in our system so it's important to take your time and double check everything before finalizing the payment.

→ Side note: Write-offs should always be "0.00" we do not use the "writeoff" feature within the claim. We add any adjustments to payments as "adjustments" and those are done outside of the claim box (**See Adjustments**)

Once the payment has been posted by procedure, select "This Claim Only"

**Edit Insurance Payment**

Payment Type: Check

Payment Posting Date: 12/02/2021  
 Check EFT Issue Date: (optional)  
 Amount: 158.25  
 Check #: (optional)  
 Bank Branch: (optional)  
 Carrier Name: Delta Dental of GA   
 Pick  
 (does not need to be exact)

Note:   
 Virtual Credit Card Payment

OK Cancel

Enter the following **Payment Details**:

- Check # - type the insurance check #
- Bank/Branch# - enter the patient's name here (this will help with EOD balancing)
- Payment Type - Select one of the payment methods: Check, EFT, VCC
- Note: Your first name and last initial ie: ;samanthag

**IF THE CHECK IS AN EFT** payment, you will enter everything the same except select "EFT" as the payment type and the EFT# as the check #.

**IF THE CHECK IS A VCC** (Virtual Credit Card), you will enter everything the same except select "VCC" as the payment type, then under "Virtual Credit Card Payment" select the blue XCharge box:

- Enter the 16 digit credit card number
- Enter the expiration date
- Click F12
- The payment will show up in the "Note box" as "RESULT=SUCCESS" this verifies that the payment went through successfully - be sure to still put your name and last initial above where it says "RESULT=SUCCESS"

The "Insurance Payment (EOB)" box will pop up. At the bottom left corner click "Scan EOB" and place the EOB in your scanner facedown

Insurance Payment (EOB)

Payment Details

Clinic: [blank] Carrier Name: Delta Dental of GA  
Payment Date: 12/02/2021 Note: ;samanthag  
Date Issued: [blank] Check #: 123456789 Type: Check  
Amount: 158.25 Bank/Branch: Patient Name Here Group: [blank] Edit

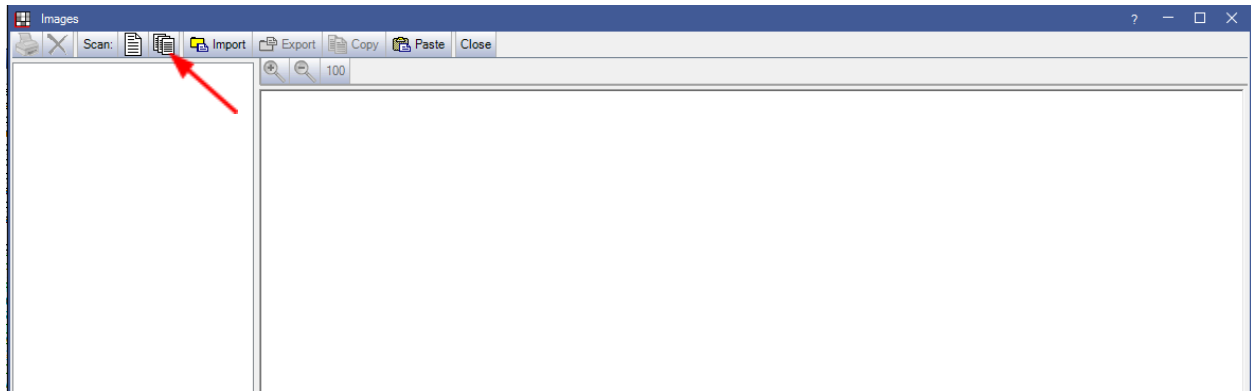
Attached to this Payment

#	Service Date	Clinic	Claim Status	Carrier	Patient	Fee	Payment
1	11/18/2021		Received	Delta Dental of GA	[redacted]	323.00	158.25

↑ # ↓ # Refresh ↓ Detach Total Payments 158.25

EOB is Scanned No Scan EOB Delete OK Cancel

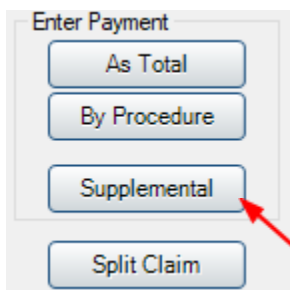
Click the multipage scan (this will allow to scan front and back)



## ORTHODONTIC EOB'S

To post an **INITIAL Orthodontic** payment, meaning the claim for the Orthodontic procedure has not been paid at all yet, you will follow the same steps as for a general payment.

For a monthly orthodontic payment, instead of clicking "By Procedure" you will enter the payment as "Supplemental" and follow the same steps as above.



**\*\*ALL EOB'S MUST BE SCANNED INTO THE PATIENT'S INSURANCE PAYMENT AND SAVED INTO THE BILLING BINDER ACCORDINGLY\*\***

### b. Adjustments:

There are many times when uncollected balances are not intended to be collected or outright impossible to collect at all. In instances such as these it is necessary to make an adjustment to the uncollected balance. Before making any adjustments, it is important to review all of the patients' documents related to their treatment and payment history including the patient's account, EOB's and all documents in their imaging folders.

Any adjustments made should be **INDIVIDUAL** and attached to each procedure code receiving the adjustment.

### **c. Adjustment Types**

#### **Professional Discount:**

Use this adjustment when giving a patient discount or if we are honoring something to the patient. After each adjustment is made, always put a very detailed note inside the adjustment under the “Note” section.

#### **Insurance Error:**

Would be used for any errors related to insurance such as fee schedule errors, PCP not changed (medicaid), frequency limits, timely filing (medicaid), downgrades, etc. After each adjustment is made, always put a very detailed note inside the adjustment under the “Note” section. Be sure to notate whether the error was from the treatment planner or insurance verification department. Always initial at the end of each note.

#### **Uncollected Balance**

Would be used only once the balance is 18 months or older and we have exhausted all options for balance recovery.

#### **Credit Adjustment / Charge Adjustments:**

Would be used when needing to correct an account due to treatment billed out incorrectly, credit on the account that needs to be moved to another family member etc.

#### **Write-off**

Would be used on “Cash” paying patients accounts to write off the balance after discounts have been applied and the patient has paid their portion.

#### **Professional Courtesy:**

Used for professionals in the same industry or businesses nearby

#### **Staff Discount:**

Showing the portion that is discounted for staff

#### **Enter Adjustment:**

In cases where the claim did not pay 100%, we first need to check the EOB and find out the reasoning for why we did not get paid what we were expecting. In most cases, the EOB is laid out to show you why a procedure was denied using error codes. The error code is usually listed in the procedure box and the error code definition at the bottom of the page.

We are in network with most PPO's which means that we follow a specific fee schedule, per insurance, that the insurance company has laid out for us. The insurance coordinator will call to get a breakdown of benefits prior to the patient's appointment and they will enter the insurance into our system. There are some occasions where the insurance coordinator did not enter something correctly and so our treatment plans will be off, resulting in adjustments and write offs. Ideally this will never

happen so if you catch it, it's important to document it in the patient's commlog and then report it to your manager on your end of day reports.

### Adjustment Example/How to enter an adjustment:

**Fee schedule error:** The insurance was more than likely entered incorrectly and the wrong fee schedule was input, or the insurance coordinator didn't update the fees after entering insurance into the patient's chart. Highlight the individual procedure by clicking on the procedure once:

11/30/2021		Ch	D1110	prophylaxis - adult Ins Paid: \$54.00, Pat Port: \$46.00	100.00		379.00
11/30/2021		VN	D2392	31 MO resin-based composite - two surfaces, posterior Ins Paid: \$119.00, Pat Port: \$156.00	275.00		654.00
11/30/2021		MF	Claim	Pri Claim \$375.00 Delta Dental of MI Received 12/03/2021 Payment: \$173.00			

Then, select +/- Adjustment at the upper left:

Family	0-30	31-60	61-90	over 90	Total	-Ins Est	=Est Bal	Pat Est Bal	Unearned
Aging	481.00	0.00	0.00	0.00	481.00	321.00	160.00	160.00	0.00

The Edit Adjustment box will appear, type in the amount to adjust and if you're making a negative adjustment under the "Subtractions" box you will select "Insurance Error". The "Remaining" amount at the bottom right hand corner will be the amount the patient owes back to us. In this instance, the EOB states that insurance paid 100% of the fee owed and the patient is not responsible for anything remaining so the "Remaining" amount will be \$0.00. Add in your detailed note and click "OK":

Entry Date: 12/03/2021  
 Adjustment Date: 12/03/2021  
 (procedure date): 11/30/2021  
 Amount: 46  
 Provider: Ch

**Additions**

- Sales Tax
- BROKEN Appt - No Show
- BROKEN Appt w/o 24 hrs Notice
- BROKEN Appt - Pt Cancelled
- Finance Charge
- Billing Charge
- Interest
- Credit Adjustment

**Subtractions**

- Professional Discount
- Discount
- Uncollected Balance
- Insurance Error**
- Charge Adjustment
- Write-off
- Professional Courtesy

**Procedure**

Attach Detach

Date: 11/30/2021  
 Provider: Ch  
 Tooth:   
 Description: prophylaxis - adult

Fee: 100.00  
 Writeoffs:   
 Ins Paid: -54.00  
 Ins Est:   
 Adjustments:   
 Patient Paid:   
 This Adjustment: -46.00  
 Remaining: **\$0.00**

Note: Insurance fees were not entered correctly. We billed out our UCR fees instead of the Delta Dental fees. Per EOB, insurance paid 100% and patient not responsible. :SG

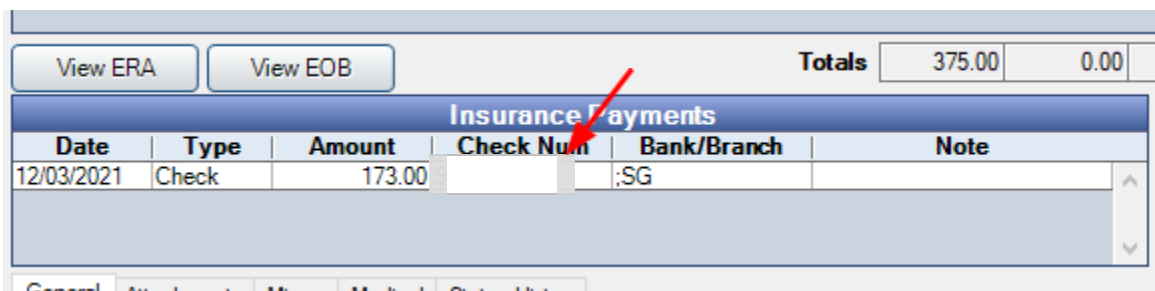
Delete OK Cancel

Follow these steps for entering any adjustments. The reasons for the adjustments may vary by patient/circumstance so we have different Adjustment types listed. Anytime an adjustment is entered it is imperative that a detailed note is left and any adjustments are reported to the OM at the end of each day.

### Deleting Payments:

If you made a mistake when posting an insurance payment, you can delete the payment so that you can re-enter it correctly.

#### To delete an insurance payment

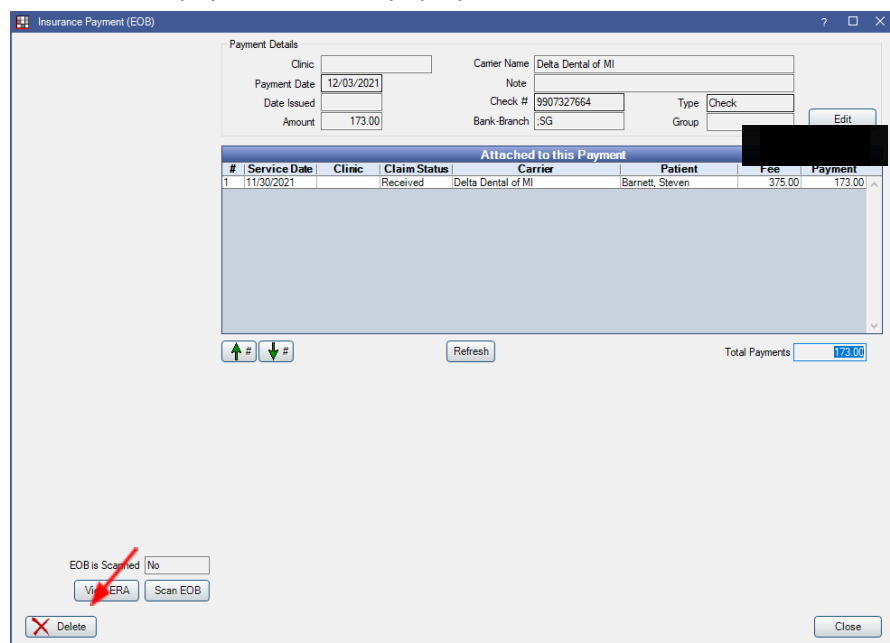


The screenshot shows a software interface with buttons for 'View ERA' and 'View EOB'. To the right, a 'Totals' section displays '375.00' and '0.00'. Below this is a table titled 'Insurance Payments' with columns: Date, Type, Amount, Check Num, Bank/Branch, and Note. The first row contains the data: 12/03/2021, Check, 173.00, [blank], SG, and [blank]. A red arrow points to the 'Check Num' column header. Below the table are tabs for 'General', 'Attachments', 'Misc', 'Medical', and 'Status History'.

Date	Type	Amount	Check Num	Bank/Branch	Note
12/03/2021	Check	173.00		SG	

Go back to that patient's account and reopen the claim. Double click the Insurance Payment:

The Insurance payment box will pop up, click "Delete" at the bottom left:



The screenshot shows a dialog box titled 'Insurance Payment (EOB)'. It contains 'Payment Details' with fields for Clinic, Payment Date (12/03/2021), Date Issued, Amount (173.00), Carrier Name (Delta Dental of MI), Note, Check # (9907327664), Bank-Branch (SG), Type (Check), and Group. Below this is a table 'Attached to this Payment' with columns: #, Service Date, Clinic, Claim Status, Carrier, Patient, Fee, and Payment. The first row shows: 1, 11/30/2021, [blank], Received, Delta Dental of MI, Barnett, Steven, 375.00, 173.00. At the bottom left, there is a 'Delete' button with a red 'X' icon. A red arrow points to this button. Other buttons include 'Edit', 'Refresh', 'Close', and 'Scan EOB'.

#	Service Date	Clinic	Claim Status	Carrier	Patient	Fee	Payment
1	11/30/2021		Received	Delta Dental of MI	Barnett, Steven	375.00	173.00

It will ask you if you want to delete it, click ok and the payment will be deleted. From there you can double click on the individual procedure code inside the claim. In the claim box that appears you will change the "Insurance Paid" amount to the corrected amount and click ok.

Procedures															
#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	Not Final	Ch	D1110		prophylaxis - adult	54.00	100.00	0.00	54.00	54.00	0.00	Recd			
2	Not Final	VN	D2392	31	resin-based composite - two surfaces, posterior	119.00	275.00	0.00	119.00	119.00	0.00	Recd			

Claim

☐ This is an estimate only. It has not been attached to a claim.

☒ This is part of a claim.

Code Sent to Ins: D1110

Fee Billed to Ins: 100.00

Remarks from EOB:

Patient Copay

Deductible: 0.00

Percentage %: 100

Paid By Other Ins: 0.00

BaseEst (no max or deduct): 54.00

Insurance Estimate: 54.00

Write Off Estimate:

Estimate Note:

Values above change based on current insurance information.

Claim Info

Deductible: 0.00

Insurance Estimate: 54.00

**Insurance Paid: 54.00**

Write Off: 0.00

Estimated Patient Portion: 0.00

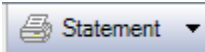
☐ Attached to Insurance Payment Plan

Go back through the steps of finalizing the payment starting from clicking “This Claim Only”.

## E. Handling Patient Balances/Credits

In the event that a patient was left with a credit or a balance on their account. Once you have audited the account and made 100% sure that the credit or balance is correct, you want to immediately **call** the patient. Let them know of their balance and ask if you can go ahead and use the card we have on file to pay off that balance. If it's a credit and the patient has treatment left on their treatment plan and they are not scheduled for their next phase of treatment, call the patient and let them know their insurance left them with a credit and ask if they'd like to go ahead and schedule for their next phase of treatment and put that credit towards their copay.

If the patient does not answer, you will go into their account and print out a statement. In the account module, in the upper right side you will see



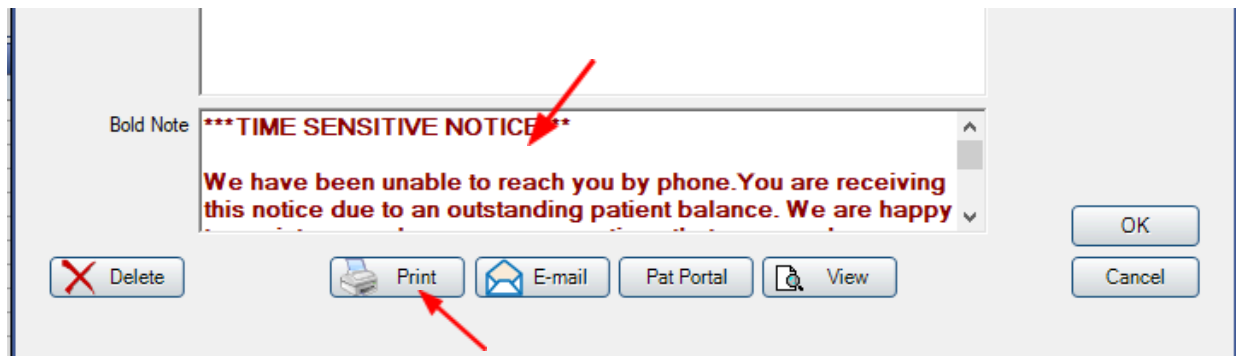
Click on the down arrow and select “More Options”, another box will appear. Under “Mode” highlight “Mail” and check the “Single patient only” box.

In the **Bold Note** area at the bottom of the Statement box, you will right click and select “Insert Quicknote”. This box will appear

Notes	
Abbr	Note
290 Day Statement	***TIME SENSITIVE NOTICE***This is our third attempt to reach you by mail. You are receiving this notice due to an ov...
260 Day Statement	***TIME SENSITIVE NOTICE***This is our second attempt to reach you by mail. You are receiving this notice due to an o...
730 Day Statement	***TIME SENSITIVE NOTICE***We have been unable to reach you by phone.You are receiving this notice due to an outstand...

If this is the first time we are contacting the patient regarding their balance, you will select the “30 Day Statement” Note and click “OK”

The note will appear in the box labeled “Bold Note” and will be in red. Click “Print” and mail the statement to the patient. Make a note for yourself to call the patient again in 30 days and send another statement if they don’t answer. The next statement would be the 60 Day and then the 90 Days at the third attempt to collect.



## F. Appealing/Resubmitting Claims

Unpaid claims are never closed immediately and should always be **reviewed for appeal** and resubmitted before any adjustments or patient statements are considered.

Collections staff spend the majority of their day reconciling these unpaid claims. Begin by checking to see **why the claim was denied and double check for errors before resubmitting**. Typically there are a handful of reasons claims are denied. Some of which are controllable and only happen as a result of a staff oversight while others are strictly the opinion of the insurance company and require an ardent and diligent collections expert to reconcile.

Instances of denial due to staff oversight include listing incorrect member ID or group number, submitting to the wrong insurance provider, and plans that have been terminated altogether. Other oversights include overlooking insurance plan rules like frequencies, missing tooth clauses, replacement clauses and waiting periods.

Claims may also be denied because of a different of opinion between Thrive doctors and the insurance companies doctors over whether the procedure was **‘medically necessary’** (common with fillings and crowns).

This conflict is usually easily resolved with a conversation between doctors (especially if the necessary attachments were originally included) if the collections staff is unable to resolve it themselves. Another common reason claims may be aging is simply because of a technical failure like a server error.



EOB's that read "No claim on file" indicate the electronic claim submission did not go through because of a server issue with OpenDental or the insurance company. These claims should be resubmitted through the mail as a paper claim and resubmitted successfully via e-claim.

There is usually a "work-around" for all claim denials that will help the patient have their denied treatment covered. Common "work-arounds" include:

- Non-payment for complete exams can be resubmitted for periodic exams
- Non-payment for deep cleanings (SRP) can be resubmitted for D4346, Full mouth debridement or perio maintenance if there is history of either
- Non-payment for full-mouth x rays because of history can be resubmitted for four bitewing x rays and two PA x rays

**\*\*THIS IS EXTREMELY IMPORTANT\*\* ALL CLAIMS THAT ARE BEING RESUBMITTED AND/OR APPEALED SHOULD HAVE ADEQUATE "COMMLOG" NOTES DOCUMENTED. IN ORDER TO TRACK THE STATUS OF NON PAYMENT AND COMMUNICATION BETWEEN OUR OFFICE AND INSURANCE PROVIDERS. NOTES NOT COMPLETED IS NOT ACCEPTABLE.**

- All claims being **resubmitted** should be re-sent electronically and also **printed** out and mailed. (you might receive an EOB stating that you have submitted the claim twice or that the claim is denied due to being a duplicate, but sending them this way will ensure the claim is received and attended to)
- Always include all information that the insurance is requesting (x-rays, charting, narrative) with the printed copy of the claim and make sure all notes are detailed in the claim note section (**see above picture**)
- All claim denials must be **appealed twice**.
  - It is important to note that the moment a claim is denied, we need to call the patient and let them know that their insurance denied the treatment we did and try to collect payment from them. (unless otherwise stated in a commlog note that an agreement was made between us and the patient stating that we would not charge them)
  - Even if the patient pays their balance, we will still try to appeal the claim. However, we do not want to wait to call the patient until the appeal determination is received because it won't look good on us if we try to collect a payment after months and months of waiting on a denied appeal.
- Always review, investigate and contact the insurance to get all of the details on any **"Insurance refund Request"** these requests should also be discussed with your Office Manager / Regional Manager. These requests **MUST** get handled in a timely manner or the insurance company will automatically take the money out of other insurance payments for other patients.
- Auditing accounts, double check accounts before sending claims and make sure all appropriate documents are attached.

## Splitting Claims

At times, an insurance carrier will send a partial payment for an insurance claim while waiting for more information on certain procedures.

Splitting a claim gives you the benefit of tracking the outstanding procedures. Because the original claim is split into two or more separate claims, you have all the reports and options available with any unpaid claim.

### You cannot split a claim in the following circumstances:

- It has been received previously (a payment has already been posted)
- It is a secondary claim
- It is in history (from a closed out month)
- It is a primary claim with a secondary claim that has already been created
- It is a pre authorization

### To split a claim:

1. With a patient selected in the ledger, select the primary insurance claim you want to split.
2. Highlight the procedure you would like to split from the original claim and select “Split

The screenshot shows the OpenDental software interface. At the top, there is a claim form with fields for Claim Type (Primary), Med/Dent (Dental), Relationship (Spouse), Date of Service (04/01/2021), Date Orig Sent (04/01/2021), Date Sent (04/01/2021), Date Received (04/08/2021), Billing Provider (Office), Treating Provider (MF), and Predeterm Benefits. There are buttons for 'Resend', 'Change', 'None', 'Split Claim', 'By Procedure', and 'Supplemental'. Below the form is a table titled 'Procedures' with columns: #, Date, Prov, Code, Tth, Description, Fee, Billed to Ins, Deduct, Ins Est, Ins Pay, WriteOff, Status, Pmt, Pay Tracking, and Remarks. The table contains three rows of data. A red arrow points to the 'Split Claim' button, and another red arrow points to the 'Pay Tracking' column.

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	04/01/2021	MF	D0120		periodic oral evaluation - established patient	36.00	36.00	0.00	36.00	36.00	0.00	Recd	X		
2	04/01/2021	Office	D0274		bitewings - four radiographic images	40.00	40.00	0.00	40.00	40.00	0.00	Recd	X		
3	04/01/2021	Ch	D1110		prophylaxis - adult	66.00	66.00	0.00	66.00	66.00	0.00	Recd	X		

Claim in the upper right corner

3. In the ledger, two claims with the same date are now available.

### Claim for Panoramic:

- Comp Exam, BW & 2PA's together
- Pano separated by itself

### Workarounds:

- Comp exam to periodic exam
- Perio scaling to FMD
- Panoramic or FMX to BW & PA

### Creating Secondary Claims:

If a patient has secondary insurance coverage and it has been entered into the patient's family account, OpenDental will automatically create the secondary claim once primary is submitted. The secondary claim should not be sent until primary payment is received.

## G. Daily Reports

**Outstanding Insurance Claims:** (Reports, Standard, under “Monthly” click on “Outstanding Insurance Claims”) This Report is useful for tracking claims that have been sent, but not received. From here you can also update tracking status for many claims at once or delegate staff to follow-up on claims

The insurance aging report includes each insurance carrier with outstanding claims. It will include the insurance plan name, group plan name, insurance phone number, group number and each outstanding insurance claim for the insurance carrier. The insurance claim information includes a notation of primary or secondary, the date the claim was sent, the patient name, patient birthday, subscriber name, subscriber ID number and the amount billed to insurance. The report prints the total aged amount for primary and secondary claims separately and the combined total at the bottom of the report.

- Calling insurance companies to address aging reports is a **daily responsibility** of the collections staff and is what defines the role. An expert collector has a very short aging report. Accidentally closing out claims before each procedure is paid will remove them from the aging report and is important to be avoided always. Detailed notes should always be documented in the commlog section of the patient’s account. Not having notes in this section on an unpaid claim is **UNACCEPTABLE.**
- It is very important to monitor unpaid claims on the Outstanding Insurance Claims report closely to endure we do not exceed any filing limitations (ie. timely filing for medicaid is 95 days).
- When reviewing a patient's balance on the non-insurance aging report you must look over several things to determine if the patient still owes us money or not.
  - Review the patient’s treatment plan
  - Is the patient on any payment arrangements?
  - Did insurance pay the expected amount, if so was the appropriate write off/adjustment done?

If the patient still has a balance due after reviewing the account, contact the patient and send them a statement (**See Handling Patient Balances/Credits**)

- It is not rare that insurance companies will send patients the payment for services that the office has completed. Most are Delta Dental customers. Typically this is discovered when doing the aging report and checking the claims payment status. The insurance company can provide the check amount, the check number, and whether it has been cashed yet or not. Next, contact the patient to collect immediately once you’ve been informed by the insurance company that the check was sent to the patient. If the patient does not answer, leave a detailed message about the check that was mailed. Send a statement from the patient's Ledger and continue to call the patient and attempt to collect each day.

**Aging of AR:** (Reports, Standard, under “Monthly” click on Aging of AR)

The Aging of A/R report lists guarantors who owe the office money. It is based on the guarantor's billing type, primary provider and clinic. Aging is automatically recalculated when the report is generated.

## H. End of Day Duties

- Any insurance checks, EFT payments or Virtual Credit Card payments entered throughout the day must be balances at the end of the day, scanned into the check scanner and given to the Office Manager.
- When entering a large amount of insurance payments, balance should be done periodically throughout to help find any data entry errors easier.

### To Balance:

From the Reports, go to Standard. Under “Daily”, click on “Payments”

Daily

- [Adjustments](#)
- [Payments](#)
- [Procedures](#)
- [Writeoffs](#)
- [Incomplete Procedure Notes](#)
- [Routing Slips](#)
- [Unfinalized Insurance Payments](#)
- [Patient Portion Uncollected](#)

→ Select today's date and click OK:

December 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Today: 12/3/2021

December 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Today: 12/3/2021

Providers

☒ All ☒ Include I

No Provider  
AA- Anderson, Austi  
AL- Lavam, Alicia (h  
CA- Adame, Christin  
CC- Coughlin, Christi  
Ch- Chammouth, Ch  
Cho- Cho, Dr (hider  
CK- Kang, Cindy (hic  
DOC- Provider, Defa  
DP- Pham, Duyen  
HYG- Hygienist, Def  
IW- Weintraub, Ivell  
JL- Latin, Jemani (hi  
MF- Fazal, Maryam  
MN- Nguyen, Miche

Group By

☒ Check  
☐ Patient

☒ Show splits by provider separately

☒ All insurance payment types ☒ All patient payment types ☒ All Cl

The “Daily Payments” sheet will appear:

## Daily Payments

Thrive Dental and Orthodontics PLLC  
All Providers

### Insurance Payments

#### Check

Date	Carrier	Patient Name	Provider	Check#	Amount
12/03/2021	Guardian		Office	177074159	76.00
12/03/2021	Guardian		VN	177074159	43.00
12/03/2021	MCNA		MF	01555595	28.24
12/03/2021	Metlife		Office	568933982	31.00
12/03/2021	Metlife		Ch	568933982	55.00
12/03/2021	Metlife		VN	568933982	27.00
12/03/2021	Metlife		NC	605009365	94.20
12/03/2021	MCNA		Office	01556131	24.07
12/03/2021	Careington Benefit Soluti		Ch	8272526	100.00
12/03/2021	Careington Benefit Soluti		VN	8272526	39.00
12/03/2021	Metlife		Office	568910422	52.00
12/03/2021	Metlife		Ch	568910422	55.00
12/03/2021	Metlife		VN	568910422	27.00
12/03/2021	MCNA		MF	01556131	96.68
12/03/2021	Guardian		Office	177071927	15.00
12/03/2021	Guardian		MN	177071927	92.80
12/03/2021	Aetna		Ch	041499820	59.00
12/03/2021	Aetna		VN	041499820	39.00
12/03/2021	Aetna		Office	041499820	0.00
12/03/2021	BCBS of Texas		Office	3513960	72.24
12/03/2021	BCBS of Texas		MF	3513960	37.93
					<b>1,064.16</b>

#### EFT

Date	Carrier	Provider	Check#	Amount
12/03/2021	Delta Dental of MI	Ch	9907327664	54.00
12/03/2021	Delta Dental of MI	VN	9907327664	119.00
12/03/2021	Delta Dental of MA	MF	22649344	44.00
12/03/2021	Delta Dental of MA	MF	22649344	328.00
12/03/2021	Delta Dental of MA	Office	22649344	14.00
12/03/2021	Delta Dental of MA	Office	22642382	12.00
				<b>571.00</b>

#### VCC

Date	Carrier	Provider	Check#	Amount
12/03/2021	Principle	VN	240633889	497.80
12/03/2021	Principle	NC	240633889	375.00
				<b>872.80</b>

**Total Insurance Payments: \$2,507.96**

- Total amount under "Check" should match the total amount of paper checks you have.
- Total amount under "EFT" should match the total amount of EFT's you have
- Total amount under "VCC" should match the total amount of VCC's you have
- Any discrepancies in payments must be corrected before leaving for the day

Go back into Reports, Standard, Daily. Select "Adjustments". Select today's date and click "OK".

**Daily Adjustments**  
**Thrive Dental and Orthodontics PLLC**  
**12/03/2021 - 12/03/2021**  
**All Providers**

Prov	AdjustmentType	Note	Amount
MF	Insurance Error	INS PAID LESS THAN EXPECT	-0.06
Office	Insurance Error	Ins did not cover bw. DR	-15.35
MF	Professional Discount	DENTAL WARRANTY -FE	-757.00
MF	Professional Discount	DENTAL WARRANTY -FE	-182.00
VN	Uncollected Balance	Insurance denied the sealants	-34.00
VN	Uncollected Balance	Insurance denied the sealants	-34.00
VN	Uncollected Balance	Insurance denied the sealants	-34.00
VN	Uncollected Balance	Insurance denied the sealants	-34.00
VN	Credit Adjustment	Fee schedule error ;SG	13.00
Ch	Credit Adjustment	Fee schedule error ;SG	18.00
MF	Credit Adjustment	Fee schedule Error ;SG	2.68
Office	Insurance Error	Medicaid as secondary - no ch	-9.76
MF	Credit Adjustment	Fee schedule error - code was	5.24
MF	Insurance Error	Medicaid as secondary - no ch	-11.76
JL	Insurance Error	Medicaid as secondary - no ch	-33.76
JL	Insurance Error	Medicaid as secondary - no ch	-1.76
MF	Insurance Error	Medicaid as secondary - no ch	-12.00
MF	Insurance Error	Medicaid as secondary - no ch	-12.00
MF	Insurance Error	Medicaid as secondary - no ch	-2.39
MF	Insurance Error	Medicaid as secondary - no ch	-2.15
MF	Insurance Error	Medicaid as secondary - no ch	-6.76
Office	Credit Adjustment	Fee schedule error ;SG	3.36
MF	Insurance Error	Medicaid as secondary - no ch	-6.76
MF	Insurance Error	Medicaid as secondary - no ch	-6.76
MF	Insurance Error	COVERAGE FOR THIS PROCED	-28.24
MN	Insurance Error	Per insurance only 2 exams pe	-41.00
Office	Insurance Error	Ins did not pay bw. 1x12m. Pt	-100.00
MF	Insurance Error	COVERAGE FOR THIS PROCE	-105.30
MF	Credit Adjustment	insurance paid more on filling.	13.44
MF	Insurance Error	Per EOB service did not meet	-18.78
v Office	Insurance Error	Eligibility error. DR	-14.00
			<b>-1,447.87</b>

### Balancing/Deposit

- All checks must be stamped and scanned into the bank scanner
- Write down all payments posted on the end of day envelope
- Give checks, Daily Payments sheet and Daily Adjustments sheet to Office Manager
- Any discrepancies in payments posted must be corrected before leaving for the day
- Insurance checks/payments
- Mailbox has been checked and all mail is opened
- All EOB's are scanned into the patients EOB center and filed in the insurance binders
- Appeals have been processed and all resubmitted paper claims are mailed
- All insurance claim status notes are entered
- Any collections, aging or insurance payments issued have been reported to my Office Manager/Regional Manager
- Clock out