

Test for Insurance Verification

You must receive an 80% or greater to pass. All answers can be found in the training manual or videos.
Good luck!

1. Which of the options below are the Thrive Standards we live by? (circle all that apply)
 - a. Servant leader
 - b. Smile
 - c. Positivity
 - d. Sadness
2. What is something you should be looking for when checking today's schedule to help in time management?
 - a. See if there are multiple patients with the same insurance so you can verify them at the same time.
 - b. Sit around and talk to your colleagues
 - c. Do one insurance at a time
3. What are some ways you can receive insurance information? (circle all that apply)
 - a. Receive a faxback
 - b. Use insurance answers plus
 - c. Call the insurance company
 - d. Log in online to the insurance portals
4. Is this statement true or false? *"Blue Cross Blue Shield MEDICAL coverage is commonly and mistakenly identified by patients as their DENTAL insurance coverage. Usually, their coverage is with Metlife or Delta Dental."*
 - a. True
 - b. False
5. What is NOT information you need when talking to a representative?
 - a. Tax ID of the office
 - b. NPI
 - c. Business name
 - d. Your personal phone number
6. If a patient is not comfortable with giving their social security number over the phone what is the best thing to tell them?
 - a. We submit insurance claims on behalf of the patient as a courtesy for them and a social security number is needed for that.
 - b. If you don't give us your social we will not see you as a patient
 - c. If you don't want to give us your social just arrive to your appointment and we can verify your insurance then
7. What is a WP (waiting period)?
 - a. The amount of time someone needs to wait before their next procedure
 - b. The amount of time someone needs to wait until their insurance becomes active
 - c. The amount of time people wait in the chair
 - d. The amount of time someone waits for a cleaning
8. What is a downgrade as it pertains to fillings?

- a. A filling will get downgraded from a two surface to a one surface
 - b. Insurance will only pay for an amalgam filling instead of a composite
 - c. Insurance will only pay for a crown instead of a filling
- 9. After entering the insurance information into Open Dental why is it crucial to push the button labeled "Update Fees"
 - a. It will change the frequencies
 - b. It will update to the correct fee schedule and insurance coverages
 - c. It will update our inoffice fees
- 10. What is a fee schedule?
 - a. The specific fees an insurance wants us to charge
 - b. The timing of how fees are paid
 - c. Our office schedule
 - d. The scheduling of a service
- 11. If a patient has a missing tooth clause (MTC) what does that mean?
 - a. If a tooth is missing it's in a clause
 - b. If a tooth is missing before the patient enrolled for their insurance the insurance will not cover it's replacement
 - c. If a tooth is missing before the patient enrolled for their insurance the insurance will cover it's replacement
 - d. If a tooth has a clause it will be missing
- 12. What is a deductible?
 - a. Amount that the patient must pay before their insurance starts paying out.
 - b. Total treatment amount
 - c. Something we ignore
 - d. A deduction from a paycheck
- 13. What is the most important reason to get a patients dental history on file?
 - a. Many insurances like to know history
 - b. Many insurances will not pay for procedures if it was done recently
 - c. The doctors like to know
 - d. We like to just waste time
- 14. What is a patients annual maximum mean?
 - a. The amount that insurance will cover over the span of one year
 - b. The amount a patient can use in one year
 - c. The amount of times a patient can come into the office in one year
- 15. What are UCR (usual customary reasonable) fees?
 - a. Our office fees
 - b. Insurance fees
 - c. Medicaid fees
 - d. PPO fees
- 16. When a claim leaves our office electronically where does it go next?
 - a. Directly to the insurance company
 - b. To EDS (electronic dental services)
 - c. To the patient
 - d. To our sister office

17. Is the subscriber of a particular insurance plan always the patient we see at the office?
 - a. Yes, there is never any exceptions to this.
 - b. No, if the patient is a child then likely the subscriber is a legal guardian.
 - c. Yes, the subscriber has subscribed to our office.
18. What does NAL stand for on our insurance verification forms?
 - a. No Age Limit
 - b. No Accessory Limit
 - c. Need Amalgam Life
 - d. Next Advance Line
19. If a patient does not give us their insurance ID can we still look up what insurance they have?
 - a. No that's impossible
 - b. Yes, we can use tools such as IAplus, their SSN, place of work to get the insurance information
20. What is the first methods we use to gather information for a patient's IVF?
 - a. We immediately call the insurance company and wait on hold
 - b. We look at IAplus, go online to the insurance portal, request fax backs to complete as much information as possible before calling the insurance
 - c. Call the patient to see if they can help us with their insurance breakdown
 - d. Ask your manager to fill out the IVF for you
21. Should you save all of the patients information into their charts?
 - a. No we do not want to waste space on our server
 - b. Yes, we should screen shot the insurance websites, scan fax backs, scan IVFs etc into the patients chart.
 - c. Only save/scan the patients IVF
22. True or False. If you have Metlife insurance you will have a Metlife fee schedule.
 - a. True, they insurances always use their own fee schedule
 - b. False, depending on how we contracted with the insurance company they may use a different fee schedule
23. What does CoInsurance mean?
 - a. The amount the patient pays
 - b. The amount the insurance pays
 - c. The amount the other insurnace pays
 - d. The amount we pay