Sample Dental Billing Flow Chart

Revenue Cycle	Person or Department Responsible					
Timeline	Patient	Front Office	Provider	Dental Assistant	Dental Billing	Accounting
Patient Registration	▶ Patient contacts office	▶ **New Patient:** Collect new patient forms, review policies and enter demographics and insurance or verify sliding fee discount category eligibility. ▶ **Existing Patient:** Update demographics and insurance, collect any outstanding balances. (Non-emergent appointment maybe delayed until payment is made.)				
Appointment Is Scheduled	▶ Patient calls/presents to schedule an appointment.	▶ Receptionist verifies insurance treatment eligibility for planned procedures via calling or online; provides out of pocket estimates and schedules appointment (if no preauthorization is needed).				
Receipt of Preauthorizations		▶ If a preauthorization is needed, dental receptionist calls the patient to schedule the appointment when the preauthorization comes back.				

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Receipt of Preauthorizations		▶ If a preauthorization is needed, dental receptionist calls the patient to schedule the appointment when the preauthorization comes back.				
1-2 Days Before Appointment		▶ Reception double checks insurance eligibility, breakdown of benefits, patient history, and receipt of any needed preauthorization's 24-48 hours prior to appointment.				
Day of Appointment	▶ Patient presents for the appointment. ▶ If there is an outstanding balance, patient needs to updated payment.	▶ Reception collects estimated out of pocket costs and then alerts clinical staff that patient has arrived.	▶ Provides the scheduled oral health services ▶ Records the clinical notes and documents the appropriate diagnosis, procedure code, medications if applicable, referral and updates the treatment plan.	▶ Dental assistant walks patient to reception, confirms procedures provided, out of pocket charges and next visit information with reception.		
Creation of the Claim		▶ Reception confirms that the patient prepayments were accurate, adjustments are made if necessary. The claim is created.				
Submission of the Claim					▶ Reviews code and clinical notes for accuracy. If outstanding patient balances exist, patient is sent monthly statements. ▶ Submit claims to clearing houses	

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Denied Claims Are Scrubbed and Resubmitted			▶ The provider may be asked to review denied claim errors if clinical review is needed.		▶ Review denied claim for errors ▶ Update missing information or inaccuracies if needed ▶ Contact insurance companies to dispute denied or inaccurate payments ▶ If the claim cannot be paid upon resubmission, the claim is closed, and a statement is sent to the patient for payment.	▶ Update PM system to reflect changes
Payment Received					▶ Payments verified for accuracy against initial charge	▶ Update PM system with payment
Collections					▶ Patients with outstanding balances are offered to set up a payment plan to avoid credit reporting or being sent to a collection agency or small claims (in accordance with the payment policy).	▶ Accounting reviews monthly total outstanding AR.
Bad Debt Is Written Off					▶ Billing reviews aging report and cleans up patients accounts (in accordance with the bad debt policy).	▶ Accounting reviews all monthly adjustments, patient refunds, AR, bad debt, and financial reports.
Revenue Cycle						▶ Generate reports on a regular on going basis such as a denied claims report, aging report and communicate any billing rules and regulations that have changed with insurers to dental.

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