



Treatment Planning Made Simple

How to present a TX plan

Steps:

1. _____
2. _____
3. _____
4. _____

Insurance Verification

Input and Phase

Schedule

YOUR SUCCESS. OUR PASSION.



Presenting

Assumptions-- ASSUME THE YES!

Point don't speak

Insurance is a TOOL- What are you LEADING with?

The art of silence

YOUR SUCCESS. OUR PASSION.



Treatment Plan Estimate

Patient Name: _____

Date: _____

Visit 1.UR Crown and Fill

\$ 412.97

Visit 2. _____

\$ Patient Portion

Visit 3. _____

\$ _____

Visit 4. _____

\$ _____

TX Plan Total \$ 1597.09

Total INS. estimate \$ 1184.12

Total Patient to pay \$ 412.97

Large case appt deposit, due today (10% of total due): \$ 41.29

TX Plan Total: \$ _____

Patient Discounts: \$ _____

Payment Options, if needed include:

Payment in Full: \$ _____

2 payments (for applicable treatment only): \$ _____

12-monthly payments, 0% interest (Care Credit, based on approval): \$ _____

Savings Account build: \$ _____ (prior to appointment scheduling)

The above treatment plan estimate has been provided to you based on Dr. Sugg's recommendations for your dental health; it is *in his opinion* to be in the best interest of you, the patient, and will serve your dental health needs. We have made every effort to provide the most accurate treatment plan estimate possible based on the information you, the patient, have provided. Please note that any insurance amounts have been estimated based on information obtained from your insurance company and are subject to possible change upon their final determination; in this event, you, the patient, are responsible for any outstanding amounts after insurance makes their payments. All procedures are billed by our team in a timely manner, as an attempt to utilize any insurance coverage to the best of our ability. All appointment reservation deposits are accepted at the time of appointment scheduling and is considered as a part of the final total payment; if you, the patient, find an **unavoidable change is required**, we do request 48hrs notice of the circumstance to ensure that this appointment deposit remains refundable. ****Payment is due prior or on the day of rendered services****

By signing this plan you are acknowledging that we have provided this information to you, this does not bind you to completing the above mentioned treatment.

Patient Signature

Date

YOUR SUCCESS. OUR PASSION.



Insurance Eligibility Form Example

Appt Date: _____ Reference# _____

Patient's Name _____ DOB _____

Subscriber's Name _____ DOB _____

Subscriber ID# _____ Group# _____

Employer _____

Insurance Co. _____ Phone # _____ Fee Schedule _____

Claims Mailing Address _____ Payor ID _____

CalYr/FiscalYr _____ Eff Date _____ COB _____ Family/Single _____

Max: \$ _____ Used: \$ _____ Ded: Ind: \$ _____ Fam: \$ _____ (Ind. Met: \$ _____ Family Met: \$ _____)

Prev/Diag _____ % ded Y/N Basic _____ % ded Y/N Major _____ % ded Y/N

Endo/Perio/OS Basic/Major WP Y/N—Prev/Basic/Major MTC Applied? Y/N Prev. apply to Max? Y/N

Preventative

Freq's: Exam _____ LimitedEx: _____ % Freq: _____ Comb'd? Y/N Pro _____ Pano _____ BWs _____ PA's
_____ X-rays: _____ % Flx (1208 & 1206) _____ % Age _____ Freq _____ Seal _____ % Age _____ Freq _____

Space Mt (1510) _____ % Age _____ Freq _____ Prev History: _____

Periodontics

Perio Mntc(4910) _____ % Freq _____ comb'd? Y/N SRP (4341) _____ % Freq _____ All quads ok same day? Y/N

Perio History/Notes: _____

Miscellaneous

OccGrd (9940) _____ % Freq _____ Brux only? Y / N

Post. Crowns(2740): D/G? Y/N _____ % Molars/Bicusp's DG _____ BU (2950) _____ % Freq _____

Post. Comp's downgraded? Y/N _____ % Molars/Bicusp's Filling Replacement: _____ per tooth/surface

Paid: Prep/Seat Date Replacement Period _____



Template for insurance notes example

Insurance:

Rep:

Reference #:

Full breakdown under:

Calendar yr/benefit year:

Max: \$

Ind. Ded: \$

Family Ded: \$

Ded. Applies to:

Does prev. services apply to max?-

COB -

Waiting period -

Missing tooth clause -

Replacement clause -

Filling replacement -

Prev/Diag -

Basic -

Major -

Endo/Perio/Oral -

Ortho -

Limited Exams -

Exams -

Prophy -

FMX /Pano-

BWX -

PA's -

X-rays pd at -

Fluoride (1208) -

Perio Maint -

SRP -

SRP all 4 quads in 1 day okay -

Arestin (4381) -

Posterior composites DG? -

Posterior crowns (2740) DG? -

Crown buildup -

Crown's pd at -

Occlusal Guard -

YOUR SUCCESS. OUR PASSION.