

## Common Questions for Accounts Coordinator

**“I paid the amount that my insurance said I owed at check out. Why do I still have a balance after my insurance paid?”**

Assuming you discussed insurance with the patient and all possible outcomes, this is a good time to refer back to that conversation and let them know this can happen depending on coverage and the specific insurance company. Then, discuss the details and note that they needed more treatment than expected, that the insurance company is doing something different than they said they would, or that things actually are exactly as expected and explain any misunderstandings. You can also provide information about what you will do for the patient to try to resolve the matter, or you can suggest the appropriate steps the patient can take to attempt to get a better outcome.

**“I was told that my insurance would cover the extractions, but now my insurance denied it as non-covered. This is your problem and not mine, and I paid what was my responsibility when I checked out.”**

Start by acknowledging the patient. Let them know you understand their frustration and that you want to work with them to resolve the situation or the matter with the insurance company. Refer back to your previous conversation with them about insurance and possible outcome, and focus on what took place in the treatment that became necessary or was of benefit to the patient.

It is important to restate what the patient has been told, what was documented, and the outcomes, but it's very important to do this in a way that is not accusatory or that makes it seem as though the practice is taking less responsibility for the situation.

Now, help the patient solve the problem. You can do this by

- work with their insurance company
- making an adjustment to the account, if warranted (even a tiny gesture will promote good will)
- offering a payment plan for the balance
- offering a discount on an upcoming treatment
- going over the details of upcoming treatment, ensuring that the patient understands what will be involved and how it may be covered

**“Why was I charged for the consultation with the doctor? They only extracted the teeth that my dentist told them to extract, numbed me, and took them out.”**

Acknowledge the patient and their concern, then explain that while the dentist may have a long history with the patient with records that show the progression of the condition, the situation is new to the surgeon.

Also add that “the surgeon always takes the time to examine the patient, consult the records, take new ones if necessary, see how the situation relates to other situations in the body and the mouth, etc. Most

importantly, if the treatment involves a surgery, there are additional factors we have to consult with patients about to ensure your safety and a good surgical outcome. We simply can't skip these steps, so we provide a full consultation for each patient as a routine part of our work on any case."

**"I was told that there would be no charge for the consultation, but you charged me for the consultation and the doctor was only there for 5 minutes. I refuse to pay the fee."**

Start by saying "Tell me more! Could you let me know how it was explained that there would be no consultation or no fee for a consultation and by whom? We always want to hear about what patients are told by a referring practice or by our own team members."

Then, really listen to what the patient has to say. If they were truly promised a free consultation, reverse the charge. However, if the conversation highlights a misunderstanding, work with the patient to emphasize the value of the consultation by adding that "the surgeon always takes the time to examine the patient, consult the records, take new ones if necessary, see how the situation relates to other situations in the body and the mouth, etc. Most importantly, if the treatment involves a surgery, there are additional factors we have to consult with patients about to ensure your safety and a good surgical outcome. We simply can't skip these steps, so we provide a full consultation for each patient as a routine part of our work on any case."

If the patient is still highly dissatisfied, you can tell them that you'd like to consult with your manager to ensure they are informed of the situation and can provide feedback. Then get their help with the right approach and resolution.

**"Why was my child charged for 30 minutes of GA when I was only in the waiting room for 10 minutes?"**

"Yes, that can be confusing. We are required to provide multiple, highly qualified staff members to supervise anesthesia patients, and that includes the time to prep the patient, have them sedated, and recover them from the anesthesia and procedure. It may seem like only a few minutes to a companion, but we have the team members focused on that patient for much longer, which is as it should be. We would never want to cut that short. Even the preparatory steps or something as simple as standing up too quickly or other small actions can create a problem after surgery, so we want to ensure all the bases are covered. The minimum requirement for supervision is a 30-minute window. We often go beyond that when needed for safety, but it could be problematic for you or us if we don't do and document the full approach taken with anesthesia patients."

**"My ex owes the practice a balance. Send the bill to them—I don't owe it."**

Listen to the patient and acknowledge their points and concerns. Because the person paying should have also been involved in accepting (and signing) a treatment plan or payment agreement, you can reference previous conversations or documents as needed.

Overall, it is the responsibility of the signer to ensure that payment arrangements are made for the account. However, it may require a diplomatic conversation to ensure you receive the due payment,

especially if the treatment has already been provided. If there is more treatment to be completed, indicate that you can't proceed until the matter is resolved.

If you get stuck and can't make progress, let the person know you're referring the matter to your manager who will contact them with a solution. Seek assistance from the office manager to know what to do in this particular situation.

**“I don't have the money to pay now. Can you call me next Friday to remind me to pay?”**

Work with the office manager regularly to present and run through potential solutions for patient issues. The practice should have policies dictating how to proceed in the majority of circumstances, but it's important to understand that there will always be exceptions.

Most people understand that payment needs to keep pace with the service being provided. Once that gets out of balance, the situation can become unmanageable and end up with the patient stuck in the middle of treatment or without solutions to move forward without delay due to nonpayment. It is important, both legally and financially, to keep payments at the same pace of treatment. This could include pre-ordering guides and surgical items, which may have to be explained to the patient.

A possible solution would be to reschedule the patient for the day the payment can be made. That should only be done with approval, as there may be a medical need for keeping the appointment as scheduled (e.g., removing sutures, taking a next step in the procedure or treatment, etc.).

**“Why do I owe for the GA when I was not told at my appointment before it was done that it would not be covered by my insurance?”**

Use the same approach from the above solutions (listen, reassure, educate, provide a solution where possible).

In this case, another situation may exist that may require that this line item be added to all treatment plans to clearly show that there could be more than one instance of an anesthesia charge. Include it even if the patient has declined, and let them know that they've made arrangements for a local or other solution but that sometimes circumstances develop during treatment and the anesthesia cost will only be charged if a different approach is needed and the anesthetic is used.

**“Why are implants so expensive?”**

“Implants may seem expensive, but did you know that implants are actually one of the least expensive means of replacing teeth? That's because other solutions like bridges and dentures have to be revisited and replaced multiple times. And they can bring about other problems, like damage to surrounding bone, teeth, and gums, which then requires more treatment. Because implants are a permanent, guaranteed solution that isolates the affected area, you save in so many ways. For this reason, I highly recommend using implants for tooth replacement when cost is a concern for the patient.”

**“What is the difference between DDS and DMD?”**

DDS (Doctor of Dental Surgery) and DMD (Doctor of Dental Medicine) are equivalent degrees. Each dental school awards one of these degrees upon graduation from dental school.