



The magic of effective communication

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"I'm sorry, we have not received your claim."

"Why did I get a statement? I already gave your office my co-payment!"

Ah, the wonderful effects of non-communication. A patient or insurance company who misunderstands what is trying to be communicated is frustrating for an oral surgery office.

One of the most important aspects of running a practice today is not *what* is said to patients and insurance companies, but *how* it is said. How many times have you called an insurance company to track a past due claim only to be told you have to resubmit it?

There is a definite connection between making the phone call and getting results from the insurance company the first time. One of the most effective tools in communicating with insurance companies and receiving speedy payments is not necessarily the content of the claim but talking to the insurance customer service representative. You catch so many more flies with honey – make a friend at the insurance company.

How to say it

Yes, that's right, make a friend at the insurance company. You have to be prepared to plead your case while at the same time getting results.

The suggestion is to call the insurance company with this conversation in mind: "Hello, this is Lois from Dr. Smith's office. I'm calling to check the status on an outstanding dental claim." Never say "past due" claim – it puts the insurance rep on the defense. Always write down the date, the insurance rep's full name and any notes pertaining to the conversation.

Some insurance companies train their staff to respond to your first phone call by telling you they have not received the claim. A suggestion as a response is to ask the rep to put you on hold and check the *pending or in-process* claims. This gives the insurance rep the opportunity to put you on

hold and tell you, "There it is. I don't know why this wasn't processed."

If the rep insists the insurance company has not received the claim, ask for the fax number and resubmit the claim by fax, not "snail mail," or resend it by electronic claims if that is how it was originally sent.

Patient communication

Communication with patients can be equally frustrating if you assume they know the financial policies of your practice.

The first thing every oral surgery practice needs is a financial policy. The second thing is to put it in writing.

Always, with no exceptions, explain all treatment recommendations to your patients *before* dental treatment is performed. There are many ways of discussing financial arrangements with patients because there are many types of treatment consultations:

- If the patient is in the office for an emergency and there is time to perform the permanent treatment that day, the financial coordinator should return to the treatment room to answer any questions the patient may have regarding fees and insurance so the patient can make an informed decision. The doctor and clinical team member must leave the room at this time to allow for privacy. Discussing financial arrangements chairside allows for proper communication to take place regarding the patient's financial responsibility.
- If the patient has a continuing care appointment, and treatment was recommended that is not too involved, the financial coordinator can make financial arrangements at the front desk – if the area is private enough. All financial arrangements should be made before the patient arrives for the next treatment appointment to avoid negative surprises.
- For major treatment, formal consultation should be done privately for the patient and the financially responsible party (if different from the patient). In all cases, a written plan for treatment and an estimate of financial responsibility should be available for every patient. All patients have a right to know what they are agreeing to – it is called truth in lending.

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Estimated portions

The importance of communication also comes into play for patients paying their “estimated portion” after insurance payment at the end of their dental appointment. You give patients the potential “bad news” before they receive it on their statement.

To avoid repercussions from the patient receiving a statement after insurance pays and the patient has paid his or her “estimated portion,” the patient is told, “If insurance pays less than we estimate, we will send you a *final* statement, and it will be highlighted in orange at the bottom of your statement with the phrase: ‘We have received final payment from your insurance.’”

This prevents an angry phone call from the patient because he or she received a statement with a balance due after insurance paid, and the patient has paid the previous in-office payment. Give your patients the *potential* “bad news” before they get the “bad news,” and you have diffused a possible difficult situation.

Payment rule changes

Another effective communication technique used with patients occurs when the payment rules change in the office. This is the most difficult transition for patients because they were used to “making payments.”

First, you should not have to be “the bank” for your patients. In order to change the rules effectively, you need to be *excited* about the change.

The conversation should sound similar to this: “Mr. Jones, today’s visit was \$700. We estimate insurance will pay

approximately \$350. Therefore, we estimate your portion to be \$350. Will you be taking care of that by cash, check or credit card today?”

The patient usually responds by saying, “Just send me a statement like you usually do.” This is when the magic conversation must happen. You say, “We are so excited. The accountant was in our office recently, and we are now prepared to handle your payment in the office today. So, which would you prefer – cash, check or credit card?”

If the patient still objects, give him or her a *courtesy* statement with an envelope and stamp and instruct him or her to send you the estimated amount in the next five days. Let the patient know you will follow up with a phone call if for any reason a payment is not received.

It is important to remember in the “art of communication” to speak to patients and/or insurance companies in the way you would want them to speak to you. Remember the Golden Rule, “Do unto others as you would have them do unto you.” ■

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