Dental Insurance Verification Phone Script

Read top to bottom. Write each answer in its box on the verification form.

BEFORE YOU DIAL, HAVE IN FRONT OF YOU

- PATIENT name, date of birth, relationship to the subscriber
- SUBSCRIBER name, date of birth, member ID
- PLAN payer, group number, payer phone
- VISIT appointment date, procedures planned

OPEN THE CALL BOX 17	"Hi, this is **[your name]** calling from **[practice name]**. I'd like to verify dental benefits for a patient with an appointment on **[date]**." "Before we start, may I have your name?" Write the representative's name in box 17 now.
1 · PATIENT AND SUBSCRIBER BOX 1	"The subscriber is **[name]**, date of birth **[date]**, member ID **[number]**." "The patient is **[name]**, date of birth **[date]**, the subscriber's **[self / spouse / child]**. Do you have them exactly that way?"
2 · PLAN AND GROUP BOX 2	"Which employer or group is the plan under, and what's the group number?" "What type of plan is it: PPO, HMO or DHMO, or indemnity? Are we in network?" "What's the payer ID and the claims address?" "Is there other dental coverage on file? Is this plan primary or secondary?"
3 · EFFECTIVE DATES BOX 3	"What's the effective date, and is there an end date?" "Do the maximum and the deductible run on the calendar year, or when does the benefit year start?"
4 · WAITING PERIODS BOX 4	"Are there waiting periods for basic or major services? When do they end for this patient?"
5 · ANNUAL MAXIMUM AND WHAT'S LEFT BOXES 5–6	"What's the annual maximum? How much has been used, and how much is left?"
6 · DEDUCTIBLE BOXES 5–6	"What's the deductible for the individual and for the family, and how much has been met?" "Does it apply to preventive, basic and major?"
7 · COVERAGE BY CATEGORY BOX 7	"What percentage does the plan pay for preventive, basic and major?" "Where do endodontics, periodontics and oral surgery fall, and at what percentage?"
8 · FREQUENCIES BOXES 8–9	"How often does the plan pay for exams, cleanings, bitewings, a full series or panoramic, fluoride and sealants? Are there age limits?" The procedure codes are on the form if the representative asks for them.
9 · HISTORY AND LAST DATES BOXES 8–9	"When did the plan last pay for an exam, a cleaning, bitewings, a full series or panoramic, fluoride and periodontal treatment, including scaling and root planing?"
10 · BENEFITS UNDER AND OVER 19 BOX 10	"Does anything change when the patient turns 19: the maximum, the deductible, coverage, exams and cleanings, fluoride or sealants?" If it does, fill in both columns.

Dental Insurance Verification Phone Script

Questions 11 to 17 and the close. Answers go on page 2 of the form.

11 · MISSING TOOTH CLAUSE BOXES 11–12	“Is there a missing tooth clause? Does it apply to any of this patient's teeth?”
12 · DOWNGRADES BOXES 11–12	“Does the plan downgrade any procedures, for example paying a composite on a back tooth at the amalgam rate? Which ones?” “What are the replacement limits for crowns, bridges and dentures?”
13 · ORTHODONTICS BOX 13	“Does the plan cover orthodontics: children only, and to what age, or adults too?” “What percentage, what's the lifetime maximum, and how much of it has been used?” “Is there an ortho deductible or a waiting period? Is treatment already in progress covered?” “Does the plan pay in a lump sum or in installments?”
14 · IMPLANTS BOX 14	“Are implants covered, and at what percentage?” “Does the plan pay for the implant body, D6010, the abutment, D6056 or D6057, and the crown?” “How often will it replace an implant? Is there a waiting period, and does the missing tooth clause apply?”
15 · NIGHT GUARD (OCCLUSAL GUARD) BOX 15	“Is an occlusal guard covered: D9944, D9945 or D9946? At what percentage, how often, and when was the last one paid?” “Do you need a narrative or a bruxism diagnosis with the claim?”
16 · PRE-AUTHORIZATION BOX 16	“Which procedures do you want to review before treatment?” “Can we send a predetermination for **[procedure]**, and where do we send it?”
17 · CALL REFERENCE BOX 17	“Can I have a reference number for this call?” Write the representative's name, the date and time and the reference number.
CLOSE THE CALL BOXES 5–7	“Let me read back what I have: **[maximum left]**, **[deductible met]** and **[coverage for the planned procedures]**. Is that right?” “Thank you, that's everything I need.” File the form with the patient record.

STILL TO CHECK, ON THE PORTAL OR A SECOND CALL