

## **Best practices for Insurance Verifications:**

- Expanded verifications (full breakdown of benefits) for all NPs & scheduled hygiene appts 1/CY (their 1st visit of the year) or when they have new insurance.
- Eligibility verifications (checking that plan is active & remaining max/ded) for all scheduled restorative appointments as well as hygiene appointments that already have an Expanded verification for the CY no more than 1/month.
- All verifications should be completed at a minimum of 2 days in advance of the scheduled appt but not more than 2 weeks in advance.
- For Eligibility verifications you can typically get that via the insurance website or automated phone system/faxback.
- For Expanded verifications you will almost always need to speak to a representative. I like to get everything I can through the insurance website/automated phone system/fax back and then speak to the representative to fill in any missing information.
- Group all verifications needed for the day by the insurance company and complete them by the insurance company to be most efficient -- handle multiple patients on one phone call.
- Create ready to go prefilled verification templates for any common plans that you have. If you have some plans that are really common with the same exact breakdown everytime (like Tricare), create a verification template that is already filled out so then all you have to do is verify that the plan is active & get the remaining maximum/deductible. (Be careful! To do this, you must be very confident that you know that the plans are always the same.)
- Keep track of which verification method works best for each insurance company so you know what works best and saves time. Some insurance provides super detailed fax backs or super detailed breakdowns online, make note of that so you know to go directly to that option first.
- For any terminated/inactive or "unable to identify patient" plans...be sure to contact the patient immediately for new insurance information or reschedule their appointment. Sometimes you can use the policyholder social security number as an ID# or you can ask a representative to try looking them up by name & DOB.
- Always save the completed verification form with any supporting documents (faxback, etc) in patient chart for reference.
- ALWAYS get a reference # when speaking to a representative. If they tell you incorrect information....you can use this to have things overturned if needed!