VBA Dental Billing Services Assessment Form

Practice Information

Office Name: _____   **Website:** _____

Dr's/Owner's Name:_____

Email:_____   **Phone:**_____

1. **Number of Providers**
   - o   1
   - o   2
   - o   3-5
   - o   6+
   - o   Multi-Location Practice

2. **Specialty (Select all that apply)**
   - o   General Dentistry
   - o   Orthodontics
   - o   Periodontics
   - o   Endodontics
   - o   Pediatric Dentistry
   - o   Oral Surgery
   - o   Other: _____

3. **Monthly Production**
   - o   Less than $50,000
   - o $50,000 - $100,000
   - o $100,000 - $250,000
   - o   Over $250,000

4. **Monthly Collections**
   - o   Less than $20,000
   - o $20,000 - $50,000
   - o $50,000 - $100,000
   - o   More than $100,000

5. **Monthly Insurance Collections**
   - o   Less than $10,000
   - o $10,000 - $25,000
   - o $25,000 - $50,000
   - o   More than $50,000

6. **Practice Management Software**
   - ○ Dentrix
   - ○ Dentrix Ascend
   - ○ OpenDental
   - ○ Other: _____

Billing and Claims Process

8. **Current Billing Process**
   - ○ In-House
   - ○ Outsourced
   - ○ Hybrid (In-House & Outsourced)

9. **Average Monthly Claims**
   - ○ Less than 100
   - ○ 100 - 200
   - ○ 200 - 500
   - ○ More than 500

10. **Revenue Source**
    - ○ Primarily Insurance Collections
    - ○ Primarily Patient Payments
    - ○ Equal Mix of Both

11. **Claim Submission Turnaround**
    - ○ Same Day
    - ○ 1-2 Days
    - ○ 3-5 Days
    - ○ More than 5 Days

12. **Common Billing Issues**
    - ○ Denials
    - ○ Delayed Payments
    - ○ Coding Errors
    - ○ Insurance Appeals
    - ○ Other: _____

Accounts Receivable (AR) and Aging

13. **Current AR Breakdown**
    - ○ Less than 30 Days: $ _____
    - ○ 30-60 Days: $ _____
    - ○ 60-90 Days: $ _____
    - ○ Over 90 Days: $ _____

14. **AR Balance**
    o   Mostly Insurance
    o   Mostly Patient
    o   Equal Mix of Both

15. **Largest Claims Age (By number of claims)**
    o   Less than 60 Days
    o   60-90 Days
    o   90-120 Days
    o   Over 120 Days

16. **Current Management of Aging Claims Frequency**
    o   Regular Follow-Up Every 14 business days
    o   Occasional Follow-Up By Weekly
    o   Monthly Follow-Up Every 30 days

Insurance and Pre-Authorization

17. **Types of Insurance Accepted**
    o   PPO
    o   HMO
    o   Medicaid
    o   Fee-for-Service
    o   Other: _____

18. **Insurance Verification Process**
    o   In-House at every visit at 1-2 days in advance
    o   Outsourced 1-2 days in advance
    o   Currently Verified as needed

19. **Pre-Authorization Required for Common Procedures?**
    o   Yes
    o   No
    o   If yes how many per day: _____

Financial and Operational Metrics

20. **Key Performance Indicators (KPIs) Tracked**
    o   Collections Rate
    o   Denial Rate
    o   Days in AR
    o   Other: _____

21. **Target Collections Percentage**
    o   90-98%
    o   80-89%

22. **Current Collections Rate**
    o   95% or higher
    o   85-94%
    o   75-84%
    o   Below 75%

Communication and Reporting

23. **Preferred Communication Method**
    o   Email
    o   Phone/Text
    o   Portal
    o   Meetings

24. **Frequency of Billing Reports**
    o   Weekly
    o   Bi-Weekly
    o   Monthly
    o   Quarterly

25. **Report Preferences (Select all that apply)**
    o   Aging Analysis
    o   Collection Performance
    o   Denied Claims
    o   Payment Trends
    o   Other: _____

Expectations and Goals

26. **Primary Goals for Billing Support**
    o   Reduce AR Aging
    o   Increase Collections Rate
    o   Decrease Denials
    o   Improve Insurance Verification
    o   Streamline Billing Process
    o   Other: _____

27. **What are the Biggest Pain Points? (Select all that apply)**
    o   Denials/Appeals
    o   Insurance Verification
    o   Coding Issues
    o   Delays in Claim Submission
    o   Poor Follow-Up on Aging Claims
    o   Other: _____

28. **Willingness to Outsource Billing**
    o   Yes, completely
    o   Yes, partially (hybrid)
    o   No, prefer in-house

Contract and Partnership Considerations

29. **Preferred Contract Terms**
    o   Month-to-Month
    o   6-Month Contract
    o   1-Year Contract
    o   Other: _____

30. **Budget for Billing Services**
    o $500 - $1,000 per month
    o $1,000 - $2,000 per month
    o $2,000 - $3,500 per month
    o   More than $3,500 per month

31. **Interested in Additional Services? (Select all that apply)**
    o   Insurance Verification
    o   Credentialing
    o   Patient Billing Follow-Up
    o   Pt Accounts Audits
    o   Confirming Appointments
    o   Recalls
    o   Dental Billing Training
    o   Other: _____

Expected Start Date: _____

Comments/Notes:

_____

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_____

<u>Feel free to attach any reports that could help us develop a more effective strategy for your practice.</u>

Assessment Requested By Dental Billing Rep. : Zighe

Signature: _____   **Date: _____**

Dr/Owner/Manager Name: _____

 Signature_____   **Date: _____**