



Minnie Street Surgery Center – PATIENT REFERRAL PROCESS –

Referring Dental Office

- 1) When possible, while the patient is still in your office, call MSSC at (907) 308-2120.
 - A) If the patient is covered by Medicaid or DKC, please provide MSSC with the patient's current enrollment information.
 - B) If patient is covered by private medical and/or dental insurance, and with parent/guardian approval, please provide this insurance information to MSSC.
- 2) Referring dentist completes the Minnie Street Surgery Center's **Referral for Dental Procedures Under Anesthesia** form, regardless of the patient's coverage status. This form when completed will serve to initiate the formal patient registration process at MSSC.
- 3) The **Referral for Dental Procedures Under Anesthesia** form provides MSSC with several critical pieces of information including the following:
 - A) **Medical necessity** – for use of the general anesthetic. This is done by listing all the expected (pre)operative diagnosis/diagnoses.
 - B) **Overall procedure time** – this is the time required by the dentist following general anesthesia induction and is the time needed to complete an examination, x-rays, and all anticipated dental procedures. This information is used by MSSC to assign a case type, if needed later.
 - C) **The signed Referral for Dental Procedures Under Anesthesia form is then faxed (or emailed) by referring surgeon's office to MSSC.**
- 4) Patient/family will leave your dental office with MSSC's **Your Child's Outpatient Care at Minnie Street Surgery Center** which informs the family that MSSC will contact them within 3-4 business days.

MSSC Front Office

- 1) A call from the referring dental office will help MSSC to look out for the fax or email that is sent for your patient.
- 2) Within 3-4 business days of receiving a signed **Referral for Dental Procedures Under Anesthesia** form MSSC Office Staff will contact the patient's family.
- 3) All patients will be assigned a serialized patient-specific account number at that time.
- 4) If the patient is a Medicaid/DKC beneficiary, and the enrollment information is verified, the patient will be contacted by MSSC staff to determine a date and time for the procedure, which will be in **"Reserved"** status. At that time, the following will be discussed: any potential transportation concerns; instructions for obtaining an H&P, including date/time/physician; and confirm workable contact numbers and email addresses.
- 5) If the patient has insurance benefits, after speaking with the parent/guardian, the prior authorization process will begin. The patient will be called by MSSC staff to discuss the following: insurance eligibility will be verified; a date and time for the procedure will be determined but will be left in **"On Hold"** status; a discussion pertaining to out-of-pocket expenses will begin, which will include deductibles, copayments, and financing options; MSSC's "prepaid" options, if appropriate; any potential transportation concerns; instructions on obtaining an H&P, including date, time, and physician; and confirm workable contact numbers and email addresses.
- 6) For all fee for service and insured patients, at 7-14 days prior to the outpatient visit MSSC staff will meet with the responsible party to complete and sign a **Good Faith Estimate of Charges** form and MSSC will receive payment for any deductibles and/or copayments. Once paid the patient's procedure date will be moved from **"On Hold"** to **"Reserved"** status.