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## “May I Bring Your Attention Back to Collections?” Part Two

Hello!

My last newsletter focused on collections, but there are so many nuances to being paid I felt this topic warranted another slice. So here we are!

Let's start with communicating your financial policies.

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Most offices have a brief paragraph in their new patient induction papers regarding expectation of payment, which the patient signs at the bottom. If you're involved in court action (because: let's face it, collections companies are not ever going to be able to collect your money effectively or inexpensively) these simple implied agreements are not enough.

### **We use a financial agreement form that makes the patient initial next to these items:**

- Specific dollar amount of the treatment being performed today.
- How much the patient is expected to pay today and subsequently, if not in full (including dates)
- Understanding by the patient that we are out of network for their plan (if applicable)
- Agreement to a dedicated payment method for further payments (acknowledging Red Flag rules)
- Agreement that any monies *not paid* by insurance will be due from the patient.
- Set a time limit “by when” the patient must pay if insurance does not.

**We encourage a policy of not seating any restoration until the patients' portion is paid in full**, with the stipulation that the balance is to be closed prior to the patient being taken to the clinical area.

Rolling these policies out is easy if everyone on the team is on the same page. Pick a start date, such as the beginning of a new quarter, and have your verbiage in place.

We also spend a lot of time in study, looking over outstanding insurance reports (yours should be no more than 3-4 pages long, period) and A/R balances. You can run your A/R report in one of several ways:

1. Alpha (I do not recommend)
2. Highest to lowest balance (great if you have a huge A/R that needs to be weeded)  
*Zero out trade and family accounts with an account alert of the dollar amount they owe, so these don't create a false accounting scenario.*
3. Oldest to newest balance (good to see how effective your collections manager's efforts are/have been)

Please note that most software frameworks DO NOT place a patient into your A/R if they have an open claim; even if those patients are expected to owe a balance! That's why it is essential to work both reports in tandem. Need help training or coaching your collections efforts? Please, reach out.

I'll be back with more intel regarding managing your outstanding insurance balances and the dreaded credit balance report – i.e., money **you owe patients** – soon.

Until next time!

# Angie

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## Welcome To Our Team! In-Person Coaching

**Coaching is about action!**

A coach follows-up continually to be certain that what was trained is implemented. You deserve a coach and it will show up in your collections column.

I look forward to working with you and your team!

[I'm Ready!](#)



Angie Skinner is a nationally recognized Coach, speaker and author, specializing in dental practice profitability. She is a member of the National Speakers Association, and a Continuing Education provider through the AGD's P.A.C.E program. [Email Angie](#) [About Angie](#)



Performance Dental Coaching | 2317 Rivendell Lane, Chattanooga, TN 37421

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