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A Better Freedom-of-Choice Plan, and How Your Patients and Practice Can Benefit From It

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With the slowed economy and patients pinching pocket-books, you may find it harder than ever to keep your chairs occupied. Identifying these patients, and then encouraging those who would benefit from dental insurance to obtain a good plan, will build your immediate revenues and position your practice for continued growth.

Until recently, if one wanted dental insurance, there were only two kinds of plans to choose from. The first are discount plans that require you to cut your fees. This type of plan may fill chairs, but being busy and being profitable are two different things. The second are the traditional

or PPO plans you're forced to deal with to keep the lights on. Usually these require waiting periods, time-consuming amounts of paperwork or pre-certification, or ambiguous 80-percent-of-something reimbursements that leave you wondering how much compensation you're actually receiving.

Both types of plans have left a figurative bad taste in the mouth of many dental practices — to the point where they will accept cash only. Unfortunately many patients today are running short in cash, and as you know, fewer and fewer of them are being approved for credit.

A New Type of Freedom of Choice Plan

The good news is: a new type of individual dental insurance is now available that can benefit your patients and enhance your bottom line. What could be “new” about dental insurance? Actually, quite a bit! I believe this new type of plan changes the playing field in dental insurance.

You can offer it in your own office and eliminate deductibles, hassles, and guesswork surrounding the benefits. Next-day coverage and individual dental insurance are also now available through this innovative type of plan.

Let's take a look at five types of patients, and see how the new plan type could benefit patients that fall into these categories, as well as your practice. Each represents a challenge as well as an opportunity for your practice.

- 1) Patients who haven't had a hygiene appointment in at least 10 months

These may be people who are pinching pennies and stretching time between hygiene visits. Improve their oral health and keep your chairs full by making it easier to see you semiannually. Suggest obtaining an economical “cleaning and cavity plan.” These are very affordable, with premiums ranging from \$15 to \$26 per month. The best plans will pay up to \$100 to your office for each visit, and require no network affiliation or agreements. With such low premiums, every person who visits your practice could be insured. If a patient is paid an insurance benefit twice a year, he'll be more inclined to use it, and less likely to cancel appointments because of dips in his income. These plans often include an amount for basic-restorative treatments as well. Run-of-the-mill plans normally have a 6-month

waiting period, but the new type of plan provides an immediate benefit, and pays up to \$1,000/year/person — substituting the waiting period with a 50 percent benefit (half the full benefit) the first year. Both patient and practice would see a significant and immediate benefit. For example, at the immediate 50 percent level, the newly-available plan would reimburse \$95 per three surface posterior resin (02393), and \$190 at the full-benefit level.

- 2) Patients with evident disease or decay who need an extensive treatment plan

These patients are long overdue for an office visit, or require emergency treatment. It's likely they came in because they couldn't stand the pain or discomfort any longer. Often, the treatments these patients need are the most profitable ones for the practice. However, these patients are often not financially able to begin the treatment. Short of keeping these patients' accounts in your books as receivables, suggest a dental insurance plan to them that provides immediate or next-day major-treatment coverage. The new type of plan, as it does with the “cleaning and cavity” plan, also provides immediate half coverage of a fee schedule. For individual plans, it will provide up to \$1,500 for treatment, and \$200 for wellness care, annually. Patients can often utilize the plan to take care of most-needed treatments first, and later schedule other procedures as their funds become available. As the new plans don't require pre-certification, they come as close to you being paid in cash as you can get, while allowing you to charge your regular fees and bill your patients for the balance. For an oral exam, molar root canal, and crown with cast, a patient may receive \$587 that will post toward your actual fees. The premium for this type of plan begins at \$36/month, and does not require the patient to undergo a credit check. After 12 months, this plan provides patients the full benefit. In other words, the plan would pay your office, or reimburse the patient, \$1,075 for the same treatment. Encourage your staff to mention this type of insurance when they are going over the treatment plan and your fees (with patients) as a way to help cover the immediate cost, as well as for scheduled follow-up appointments. Ask your staff to remind these patients that they need to visit your office for hygiene appointments at least twice a year to maintain the results of their newly-completed treatment.

- 3) Patients enrolled in discount dental plans

Some dentists have resigned themselves to accepting discount plans as a way of doing business. I suggest you stop giving away your services! If you don't ac-

cept discount plans, you can avoid driving your patients (such as those with a cracked tooth), toward them. Let them know about “next-day” dental insurance. Ask your staff to suggest this plan, and place a postcard in each patient’s hygiene bag. Keep freedom alive by letting your patients know they can purchase true insurance at reasonable rates, either through your office, or by contacting someone at a number you provide them. They’ll appreciate the information. In my opinion, once they learn about the new type of plan, a good percentage of patients and dental practices will be ready to drop their participation in discount plans as soon as their contracts expire. Tapping into this resource can change low-paying plans into well-paying accounts.

- 4) Patients whose dental-insurance coverage has waiting periods or low limits

When patients discover they don’t have enough coverage, or learn that the plan they have has a waiting period, you can come to their rescue by offering them a next-day coverage plan. The best plans pay up to \$1,500 for treatment, include immediate basic and major coverage, and don’t have coordination of benefits. This way, both insurers will pay their full benefit. Have your staff suggest the additional coverage when there is a shortfall, and turn a patient’s “no” into a “yes”.

- 5) Patients who have no dental insurance information on file

Benefit packages everywhere are changing with the economy. Whenever your staff sees a gap in a patient’s coverage appear, ask them to suggest a quality next-day coverage dental plan that includes immediate basic and major restorative benefits, and help prevent patients from delaying appointments or joining discount dental plans.

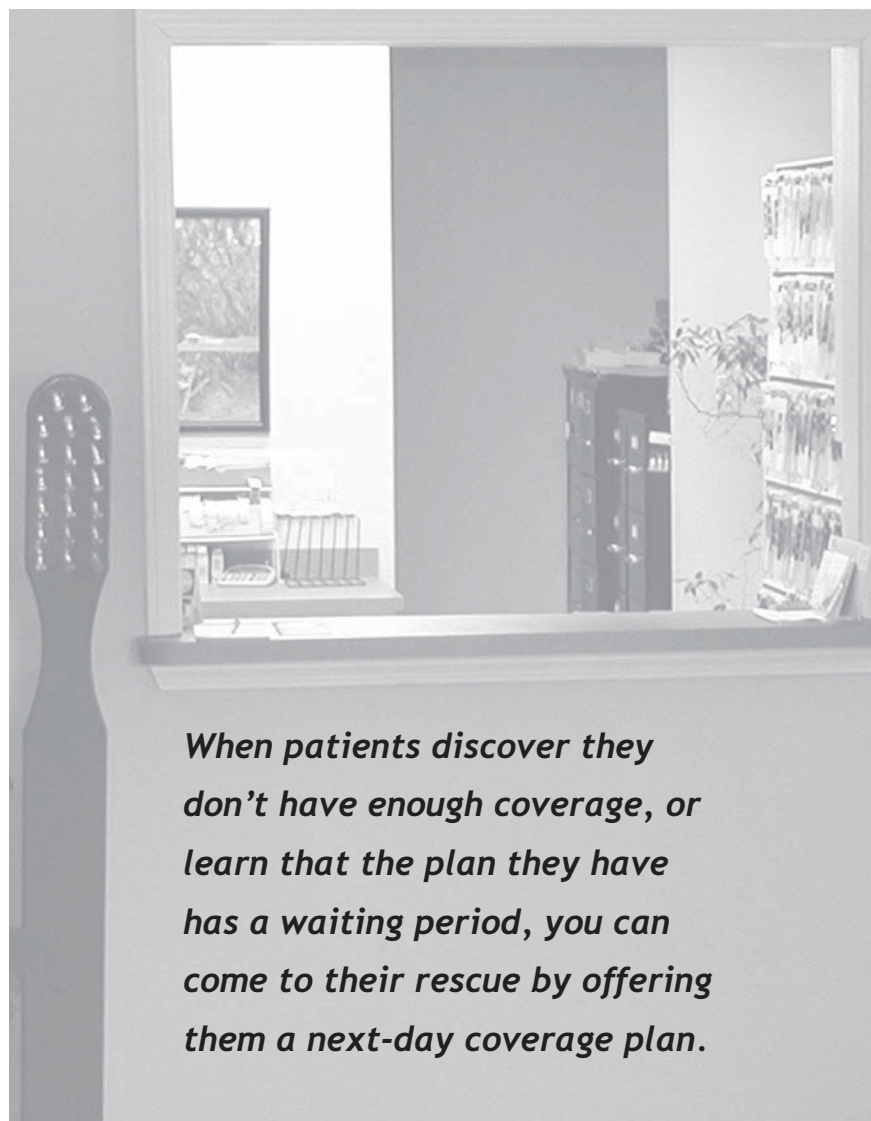
Where to Find More Information

The new type of freedom-of-choice, next-day coverage individual dental insurance covered in this article is available through DentalQUICK™, a TDA Perks Program partner. This insurance is directly available to your patients; they can re-

ceive a quote, predict their benefits, and apply for coverage with a unique, online benefit planner. Three benefit levels are available, with rates starting at \$15.50/month. Adults age 19-64 may apply, and children may be covered with a qualifying adult. Visit www.DentalQUICK.com for information or to enroll; or call (888) 350-2416.

You can see exactly how simple the plan is, a brief overview of the program, and get brief training for you and your staff at: www.paymydentist.com. Upon registering at the site, your office will receive printed material, a window cling, and access to PDF files and presentations for video screens. You may choose to get fully involved, or simply to recommend the program by distributing information to your patients. DentalQUICK™ is underwritten and administered by Assurant Health policy, form 8079.

For more information on other TDA Perks Program, visit tdaperks.com, or call (512) 443-3675.



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