

Dental Practice Management — Workbook

This workbook turns the course into the systems an owner-dentist or office manager runs every day: an insurance-verification and clean-claim routine, an aging-and-appeals tracker, a production-goal calculator and ideal-day template, retention and case-acceptance worksheets, and a weekly KPI dashboard and compliance calendar. Work through one section per module, filling the worksheets and standing up the systems in your own software (Dentrix, Eaglesoft, Open Dental, or Curve) as you go. By the end you will have a complete, reusable practice-management toolkit — verify and collect what you produce, fill the chair by design, retain patients, and lead the team to the numbers.

Insurance, Billing, and Collections

Stand up the cash cycle: verify benefits before the visit, file clean claims, post EOBs correctly, and work the aging report and appeals so you collect above 98 percent of production.

Worksheet: Pre-Visit Insurance Verification Sheet

Complete one sheet per patient 24 to 48 hours before the appointment, using your clearinghouse or a payer call. Record a reference number for any phone verification. File it where the front desk and treatment coordinator can see it before the patient arrives.

Patient name, subscriber name, member ID, group number

Payer and plan name, plus verification reference number and date

Annual maximum and remaining maximum this benefit year

Deductible amount and amount met to date

Coinsurance by category — preventive %, basic %, major %

Frequency / age limits relevant to this visit (prophy, bitewings, crown interval)

Downgrade, LEAT, missing-tooth, or waiting-period clauses that apply

Last prophy date, last bitewings date, last crown on the planned tooth

Estimated patient out-of-pocket for the planned treatment

Checklist: Clean-Claim Checklist (run before every claim goes out)

- Correct CDT code for the procedure actually performed and documented (tooth number and surfaces where required)
- Clinical note supports the code billed — no upcoding, no mismatch
- Patient and subscriber data matches the payer's records exactly (name, DOB, member ID, group)
- Required attachments included: radiographs, perio charting for scaling/root planing, narrative for unusual treatment, photos for crowns
- Narrative added for anything a reviewer questions (crown replacement under 5 years, multiple same-day procedures, build-ups)
- Submitted electronically through the clearinghouse within 24 to 72 hours of treatment
- Inside the payer's timely-filing window (often 90 to 180 days)

Exercise: Work One Week of the Insurance Aging Report

Run your insurance aging report and work it by bucket. Record each action and outcome so the report shrinks instead of aging. Repeat weekly until total AR is under one month of production.

- List every claim at 31 to 60 days, call the payer with the claim and reference numbers, and note what each one needs (missing attachment, resubmit, in process).

- Escalate every claim at 61 to 90 days and solve the problem now; record the root cause for each.

- Identify any claim over 90 days, confirm whether timely filing has lapsed, and work these first.

- For each denial, record the exact denial reason, decide if it is wrong, and queue a documented appeal where warranted.

Worksheet: Denial & Appeal Tracker

Log every denial so you can appeal correctly and spot patterns. A recurring denial for one code or payer is a system to fix at the source, not a claim to refile forever.

Date of denial and payer

Patient and CDT code denied

Exact denial reason cited on the EOB

Documentation pulled to answer it (charting, radiograph, narrative)

Appeal submitted date and appeal-window deadline

Outcome (paid / upheld) and date

Pattern note — is this payer/code denying repeatedly?

Scheduling for Production

Build the production engine: set a daily goal from your overhead, template the ideal day, and defend the schedule against no-shows and gaps.

Worksheet: Daily Production Goal Calculator

Fill in your real numbers to derive the daily production goal the schedule must hit, then split it between doctor and hygiene. Update whenever overhead or clinical days change.

Total monthly overhead (rent, wages, lab, supplies, software, all costs)

Clinical days worked per month

Break-even daily production (overhead ÷ clinical days)

Target profit margin (%)

Daily production goal (break-even ÷ (1 - margin))

Hygiene share of goal (target ~!S)

Doctor column share of goal

Current overhead as % of collections (benchmark ~60%)

Exercise: Build Your Ideal-Day Template

Translate your daily production goal into a block-scheduled template, then configure it in your software (Dentrix Perfect Day, Eaglesoft, Open Dental blockouts, or Curve). Test it for one week and adjust.

- List the mix of procedures that reaches your daily goal (e.g. number of crown blocks, fills block, new-patient and emergency capacity).
 - Place the high-production blocks in the doctor's strongest hours and mark them block-protected in the software.
 - Lay hygiene in parallel columns so the doctor's exams interleave without idle gaps.
 - Write your release rule (e.g. open any protected block still empty within 48 hours) and the daily emergency reserve.
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Worksheet: Confirmation & Short-Call System Setup

Define your confirmation cadence and stand up a live short-call list so gaps get filled fast. Record your baseline no-show rate, then track it as the system runs.

Confirmation tool (eServices, Weave, NexHealth, Solutionreach, other)

Reminder cadence (1 week / 2 days / day-before live call for unconfirmed)

Who makes the day-before live calls for unconfirmed high-value blocks

Where the ASAP / short-call list lives and who maintains it

Cancellation policy (notice required) and where it is stated to patients

Baseline no-show rate by provider

Target no-show rate and current rate (update weekly)

Checklist: Schedule-Defense Checklist

- Every appointment confirmed before the day begins — no crown block goes in unconfirmed
- High-value blocks called live the day before if not yet confirmed
- Short-call list current and worked the moment a gap opens
- Protected blocks released before they go empty (none wasted by inaction)
- Cancellation policy applied consistently and broken appointments tracked
- Chronic no-shows moved to same-day-only so they no longer hold prime blocks

Patient Retention and Case Acceptance

Refill the practice from your own base: pre-appoint hygiene, convert diagnosed treatment, and reactivate, review, and refer.

Worksheet: Hygiene Reappointment & Recall Tracker

Stand up your pre-appointing and recall safety net, then track the hygiene reappointment rate weekly toward 90 percent and above.

Pre-appointing language used at the chair (assumptive, scripted)

Recall intervals in use (3 / 4 / 6 months by patient type)

Continuing-care / due-date report — where it lives and who runs it weekly

Overdue-and-unscheduled patient count this week

Reactivation sequence for non-responders (text/email !' live call)

Hygiene reappointment rate this week (target "e 90%)

Overdue count trend vs last month (up / down)

Exercise: Present One Treatment Plan and Raise Case Acceptance

Take one real (or sample) treatment plan and run the full clinical-to-financial handoff. Then pull your unscheduled-treatment report and work it like an aging report.

- Show the patient the problem with a photo or radiograph and explain in plain language what untreated leads to and what the treatment does.
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- Present the patient's out-of-pocket portion clearly with the insurance estimate already worked, and offer a financial path (in-house, CareCredit/Sunbit, or phasing across benefit years).
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- Ask for the decision and schedule accepted treatment on the spot.
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- Pull the unscheduled-treatment total, list the largest cases, and assign follow-up so diagnosed dentistry stops leaking out.
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Worksheet: Reactivation, Reviews & Referrals Plan

Build the three growth-from-your-base systems and track them as marketing KPIs, not afterthoughts. Reactivation target list (patients not seen in 12–24 months, not scheduled) — count and source report

Reactivation message and channel (text/email/call)

Review tool and target page (Google first; Weave/NexHealth/Birdeye/Podium)

Review-request trigger moment (completed case, relieved emergency, great hygiene visit)

Current Google rating and review count, and monthly review velocity target

Referral ask language and how it is made easy (cards / form / textable link)

Professional referral sources to nurture (specialists, physicians, local businesses)

Checklist: Retention Systems Live Check

- [] Hygiene pre-appointed at the chair every visit using assumptive language
- [] Continuing-care report run weekly and non-responders called personally
- [] Treatment presented with a visual and a clear financial path, then scheduled on the spot
- [] Unscheduled-treatment report worked like the aging report
- [] Review request sent to every happy patient and every review responded to within a day or two
- [] Reactivation list mined regularly and referrals asked for on purpose

Team Leadership, KPIs, and Compliance

Lead by structure: define roles and pay, run the huddle and the weekly dashboard, and hold the HIPAA and OSHA floor as routine systems.

Worksheet: Roles & System Ownership Map

Assign an explicit owner to every core system so it runs when the doctor is in the operatory. One person can own several, but every system must have exactly one owner.

Office manager — owns

Treatment coordinator — owns

Front desk / scheduling — owns

Insurance / billing coordinator — owns

Who runs the insurance aging report weekly

Who works the recall / continuing-care list weekly

Who pre-appoints hygiene at the chair

Who sends review requests and reactivation outreach

Who owns HIPAA and OSHA compliance

Exercise: Run the Morning Huddle for One Week

Hold a 10–15 minute standing huddle before the first patient every day this week, using the agenda below. Note what each huddle surfaced and acted on.

- Review today's scheduled production against the daily goal and name any gap to fill from the short-call list.
 - Flag patients arriving today with unscheduled treatment or overdue hygiene — opportunities already in the building.
 - Identify large cases, new patients, and anxious patients needing extra time, and confirm lab cases and claim attachments are ready.
 - Confirm each person owns their part of the day before the first patient sits down.
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Worksheet: Weekly KPI Dashboard

Pull these same numbers every week from your software or a dashboard tool (Dental Intelligence, Jarvis). For anything off-benchmark, ask why, trace it to the system that produces it, and assign an owner and an action.

Production vs daily/monthly goal

Collections and collections ratio (target "e 98%)

Overhead as % of collections (benchmark ~60%)

Case acceptance % and unscheduled-treatment total

Hygiene reappointment rate (target "e 90%)

New patients this month vs goal

Total AR and % over 90 days (AR under ~1 month of production)

Off-benchmark number !' owner !' action this week

Checklist: HIPAA & OSHA Compliance Baseline

- Security risk analysis completed and documented; written privacy and security policies current
- HIPAA training delivered at hire and annually, with sign-off records kept
- Business Associate Agreements signed with every vendor that touches patient data
- Electronic data protected with unique logins, access controls, encryption, and backups
- Bloodborne Pathogens Exposure Control Plan and Hazard Communication program written and reviewed annually
- Safety Data Sheets accessible, containers labeled, PPE provided, hepatitis B vaccination offered and documented
- Sterilization, surface disinfection, sharps disposal, and autoclave spore-testing logged
- Compliance owner named and recurring duties on a calendar with dated records kept

Your Action Plan

1. Stand up pre-visit verification: verify every appointment 24 to 48 hours ahead and capture the five plan numbers plus remaining maximum and relevant history.
2. Adopt the clean-claim checklist so claims go out correctly coded and fully attached the first time, and post EOBs against the actual line items, not estimates.
3. Work the insurance aging report every week by bucket, and appeal wrong denials with the documentation that answers the stated reason — never write off without a documented appeal.
4. Calculate your daily production goal from overhead and clinical days, split it between doctor and hygiene, and post it where the team sees it.
5. Build and configure an ideal-day block template with a release rule and an emergency reserve, and test it for a week.
6. Turn on a confirmation cadence, maintain a live short-call list, and set a fair, consistently applied cancellation policy to defend the schedule.
7. Pre-appoint every hygiene patient at the chair and run a weekly recall sweep, tracking the hygiene reappointment rate toward 90 percent and above.
8. Present treatment with a visual and a clear financial path, schedule accepted care on the spot, and work the unscheduled-treatment report like the aging report.
9. Launch reactivation, review-request, and referral systems and track rating, review velocity, and reactivated patients as marketing KPIs.
10. Assign an owner to every system, run a daily morning huddle, review the weekly KPI dashboard, and hold the HIPAA and OSHA compliance baseline on a documented calendar.

