

LIFESTREAM UNIVERSITY



**Talk to a Person,
Not a Program:**

Experience
Dental Care with
Heart!

LIFESTREAMU

 info@lifestreamu.com

 www.lifestreamu.com



Join the Best Dental community Lifestream U

It will be focus on business,
personal and financial
development

Who we are?

At LifestreamU Frontdesk, we prioritize genuine human connection in dental care as a leading inbound call center. Our dedicated team of trained professionals enhances the dental experience for patients and providers by offering compassionate, empathetic support that surpasses automated responses. We view every call as an opportunity to build trust and foster relationships, ensuring patients feel valued.

With a deep understanding of the dental industry, we provide tailored support, including appointment scheduling, patient inquiries, insurance verification, and follow-up care, all while maintaining a warm, personal touch. Our friendly agents guide patients through their dental journey with professionalism and empathy.

More than just a call center, we are committed partners in promoting oral health and patient satisfaction, striving to create a seamless experience that encourages patients to prioritize their dental health. Join us in making dental care accessible, compassionate, and human-centered. Experience the difference a personal touch can make.

WELCOME



Dr. Alex Planes

CEO of Planes Dental Arts
Implants 4All | Lifestream U



My name is Dr. Alex Planes. I am a graduate of Columbia University Dental School, an active member of ICOI Mastership, Member: AACD, ADA, AGE, AAID. I have a mastership and fellowship with the American Academy of Implant Prosthodontics as well. AND Implants and Full Arches are my passion!

I have placed OVER 20,000 implants and done OVER 800 Full Arch Procedures in my career. I have developed a Clinical Course and Business Program over the last 6 yrs to support other Dentists with their implant business.

LIFESTREAM U BY THE NUMBERS

In 2018

We completed 40 arches per year and made \$750K in annual revenue.

In 2022

We completed 35-40 arches/month and cleared \$7 million In annual revenue.

ABOUT THE CEO



Dr. Alex Planes

CEO of Planes Dental Arts Implants 4All | Lifestream U



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Meet
THE TEAM



Nick Messina

Sr. Director of Business Op

Alexis Craven

Closing coach



Teresa Garza

Call center manager

Kevin McCarthy

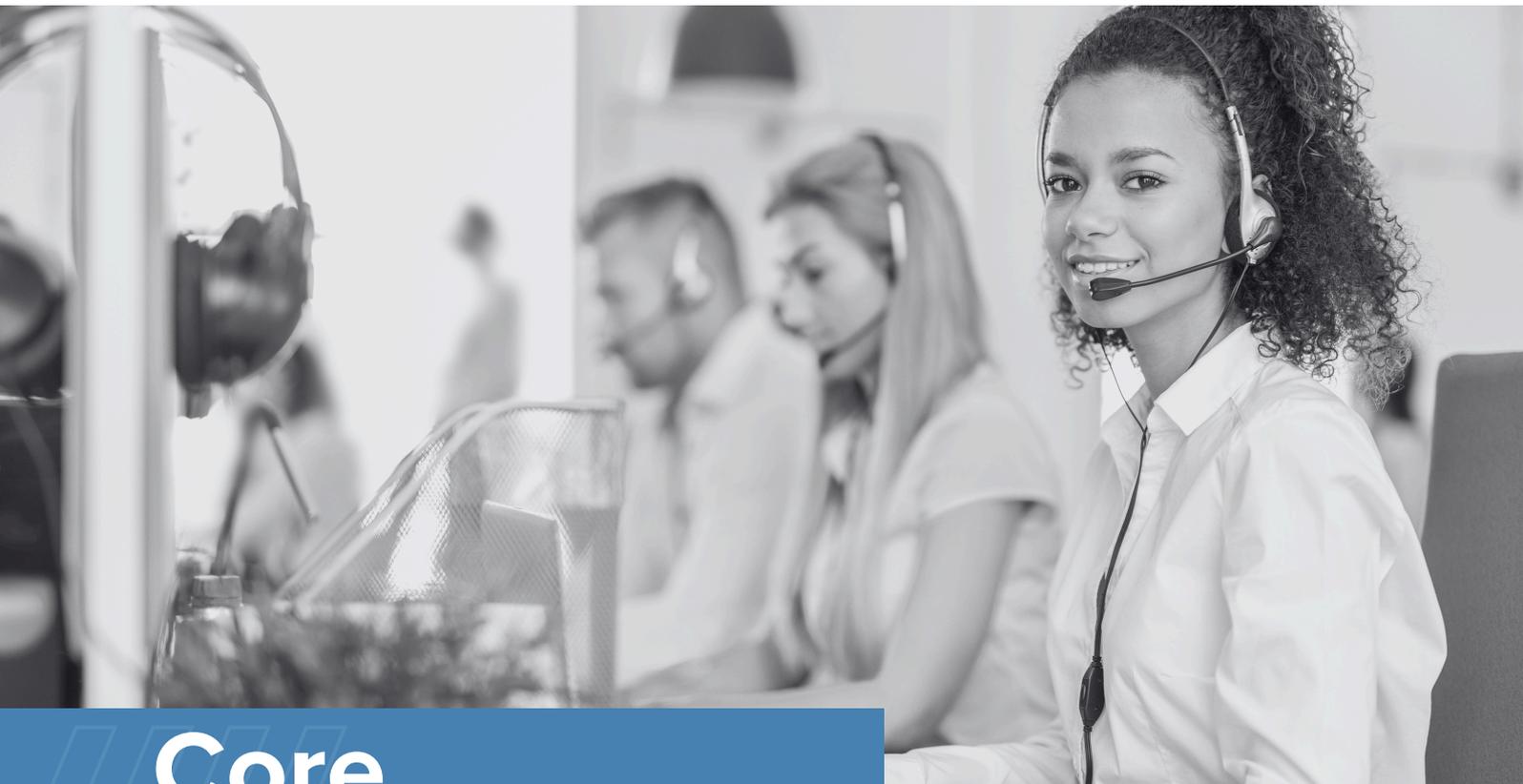
Director of Lab



Noura McClure

Hygienist Director





Core Values



God first



Loyalty



Dependable



Result oriented



Transparency



Knowledgeable



Accountable



Self driven



Dedication



LIFESTREAMU

Choose your plan



Entry

250 Minutes

\$299 per month

+\$49.99 set up fee

- ✓ Real People After hours
- ✓ Basic Scripting
- ✓ CRM Integrations
- ✓ Desktop and mobile app

ⓘ +\$2.75 per additional minute

Growth

350 Minutes

\$365 per month

No set up fee

- ✓ Real People After hours
- ✓ Customizable Scripting
- ✓ CRM Integrations
- ✓ Desktop and mobile app
- ✓ Live chat support

ⓘ +\$1.90 per additional minute

Standard

450 Minutes

\$525 per month

+\$49.99 set up fee

- ✓ Real People After hours
- ✓ Customizable Scripting
- ✓ CRM Integrations
- ✓ Desktop and mobile app
- ✓ Live chat support

ⓘ +\$1.90 per additional minute

- All plans include live answering from real people.
- Insurance Verification will be \$6 per patient.
- Insurance Credentialing starts at \$299

Get in Touch with Us



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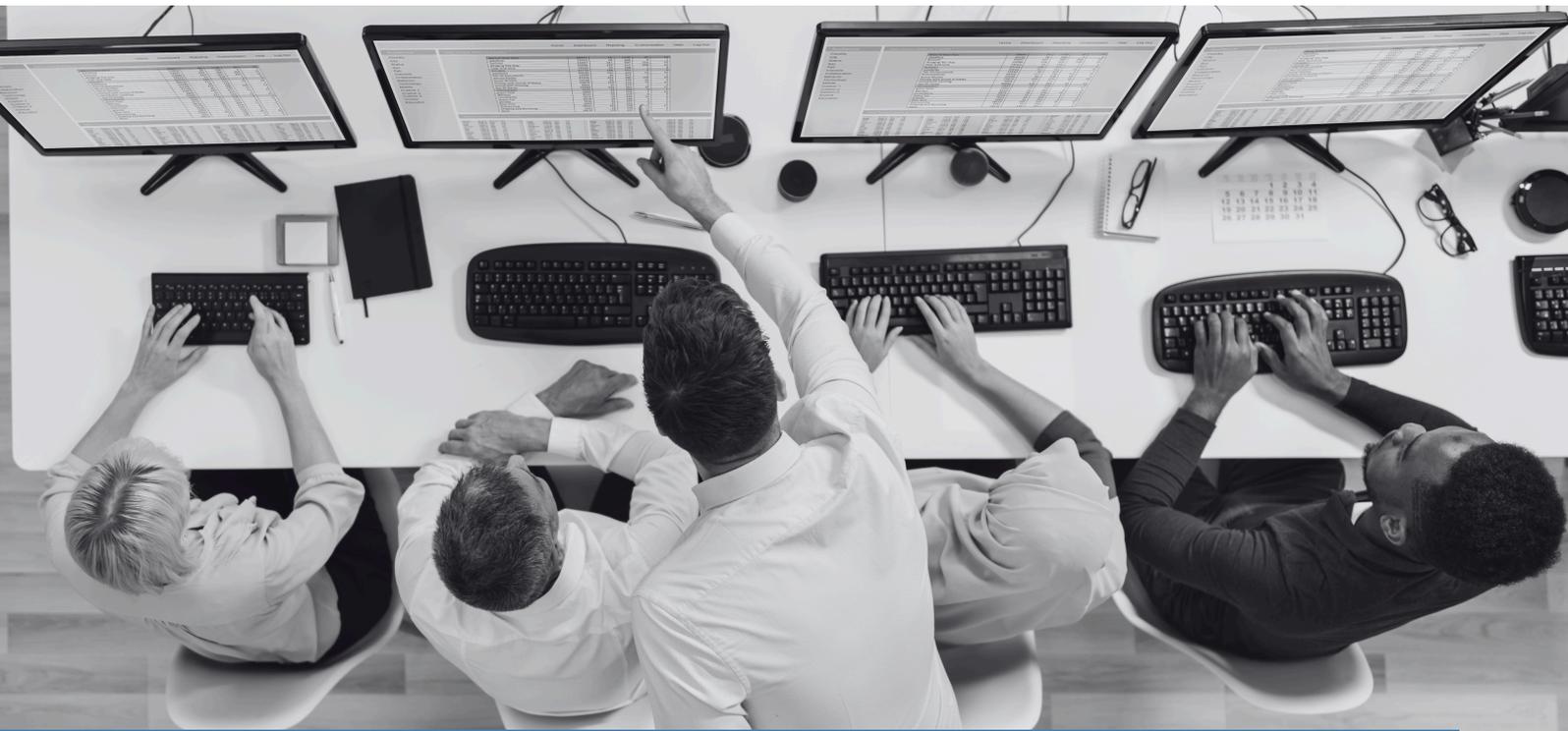
STANDARD OPERATING PROCEDURES



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Standard Operating Procedures (SOP) at LifestreamU

1. PURPOSE

To establish a framework for delivering exceptional, human-centered service in our dental inbound call center, ensuring that every patient interaction is meaningful, empathetic, and effective.

2. SCOPE

This SOP applies to all call center agents and staff involved in handling inbound calls related to dental services.

3. RESPONSIBILITIES

- **Call Center Agents:** Provide compassionate, knowledgeable support to patients, ensuring their needs are met.
- **Team Leaders/Supervisors:** Monitor calls, provide feedback, and ensure adherence to SOPs.
- **Training Coordinator:** Conduct regular training sessions to enhance agent skills in communication and empathy.



LIFESTREAMU

STANDARD OPERATING PROCEDURES:

New Patient
EXPERIENCE



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SOP - New Patient Experience

I. INTRODUCTION

- **PURPOSE:** To create a welcoming and informative experience for new patients.
- **GOAL:** Ensure patients feel valued and informed throughout their visit.

II. ARRIVAL AND CHECK-IN

1. WARM WELCOME

- Greet the patient in the waiting room.
- Offer refreshments (coffee, water).

2. PATIENT FORMS

- If forms are not completed, provide them for the patient to fill out.
- Scan patient ID and all new patient forms into the computer.

3. CHECK-IN PROCESS

- Mark the patient as checked in and waiting.
- Once forms are completed, mark the patient as ready on the schedule.



III. INTRODUCTION TO THE TEAM

1. PERSONAL GREETING

- A team member (hygienist or dental assistant) greets the patient by name.
- Introduce themselves warmly.

IV. NEW PATIENT TOUR

1. OFFICE TOUR OBJECTIVES

- Showcase the office and team members.
- Familiarize the patient with services offered.

2. TOUR STEPS

- Walk the patient through the office.
- Show the restroom location.
- Highlight diplomas and advanced training of Dr. [Name].
- Explain the use of digital x-rays for minimized radiation.
- Showcase the state-of-the-art sterilization center.
- Mention the number of treatment rooms available.
- Introduce the treatment room where the patient will be seen.

1. COMMUNICATION TIPS

- Avoid minimizing language (e.g., “This is just our pano”).
- Be specific about sterilization practices for patient safety.

V. TREATMENT ROOM EXPERIENCE

1. WELCOME GIFT

- Present a welcome gift from Dr. [Name] and the team.

2. GETTING TO KNOW THE PATIENT

- Spend a few moments engaging with the patient using the FORD method (Family, Occupation, Recreation, Dreams).
- Take the patient’s blood pressure.
- Review medical history and gather patient values and barriers.

3. PREPARATION FOR X-RAYS

- Have the patient remove any jewelry or dentures in privacy.
- Escort the patient to the panoramic x-ray.

VI. X-RAY AND EVALUATION

1. X-RAY PROCESS

- Take the panoramic x-ray (pano) and any necessary FMX or additional x-rays based on patient needs.

2. VIRTUAL MOUTH TOUR

- Discuss findings with the patient, highlighting areas of concern.
- Preheat the patient to possible treatment needs.

3. PERIODONTAL EVALUATION

- Review findings with the patient.
- Use period flip charts to emphasize the importance of treating periodontal disease.

VII. SUMMARY AND DOCTOR INTRODUCTION

1. REVIEW FINDINGS

- Summarize all findings and keep areas of concern visible on the screen.
- Inform the patient that Dr. [Name] will be in shortly.

VIII. TREATMENT PLANNING

1. CHARTING FINDINGS

- Input all findings and treatments into the patient chart.
- Phase treatment by quadrant or area of concern.

2. REVIEW TREATMENT PLAN

- Present the treatment plan and financial options (e.g., Care Credit, Lending Club).
- Encourage same-day treatment whenever possible.

3. SCHEDULING APPOINTMENTS

- Ask the patient about their scheduling preferences (longer vs. shorter appointments).
- Aim for dual appointments to minimize anesthetic injections.

4. IF THE PATIENT DOES NOT SCHEDULE

- Offer treatment alternatives (e.g., extraction, reduced number of Arestin sites).
- Provide a free 30-minute consult to review treatment options.

IX. FOLLOW-UP

1. FOLLOW-UP PROCESS

- Place patient information into a binder for follow-up.
- Schedule follow-ups at 24 hours, 1 week, and 1 month.

2. ADDRESSING PATIENT CONCERNS

- Use empathetic language regarding treatment urgency.
- Understand that patients may have fears related to money, time, trust, or fear itself.

3. KEY REMINDERS

- Dentistry never gets less expensive or more predictable.
- Delaying treatment often leads to more complex issues.

This outline provides a clear and organized approach to the New Patient Experience, ensuring that all team members can follow the process effectively while maintaining a focus on patient care and relief. Feel free to adjust any sections to better fit your specific practices and protocols!

New Patient PHONE SHEET

1 THANK THEM FOR CALLING

- May I ask who I am speaking with?

- How did you hear about us?

- In case we are disconnected may I have your number?

- Are u having any dental problems/concerns? [Yes] [No]

- Has it been awhile since you've been to the Dentist? [Yes] [No]

2 SCHEDULE THE APPOINTMENT

Do you prefer Mornings or Afternoons

Appt: _____ at _____
(date) (time)

3 WHAT TYPE OF PERSON ARE THEY?

- Patient was in a hurry on the phone (D)
- Patient was very talkative and friendly (I)
- Patient was nice but seemed quiet (S)
- Patient asked a lot of questions (C)

Notes _____

4 FURTHER QUESTIONS

May I have your email address to send u our NP forms?

Mailing address

Do you have time for me to ask you a few more questions?

Note: NO – Go to ENDING

Have you ever been required in the past to take antibiotics prior to a dental visit?

[Yes] [No]

For what condition

5 SWOT

S—What did you like about your last dental visit or team?

W—What did you not like?

O—Is there anything we can do to make sure you have a great visit?

T—Is there anything getting in your way from starting treatment?

6 ENDING

Ok _____ we have you scheduled for _____ at _____.

Do you know where our office is located?

Again _____ thank you for calling our office we look forward to seeing you on the _____.

7 INSURANCE

Ins Co _____

Employer _____

Subscriber _____

ID # on Card _____

DOB _____

SSN# _____

IMPORTANT REMINDERS

- **Conversation Duration:** Keep the conversation with the patient to 2-3 minutes.
- **Focus Areas:** Touch on patient values and barriers to make them feel at ease.
- **Explain Procedures:** Always explain what you are doing throughout the appointment.

ADDITIONAL NOTES:

New Patient HANDOFF WORKSHEET

PATIENT NAME: _____

DATE: _____

DOCTOR: _____

I. DOCTOR INTRODUCTION

- Patient to Doctor:

- Doctor to Patient:

II. PATIENT UPDATE

- **Personal Information:**
- **Patient Values: (Check all that apply)**
 - Cosmetic
 - Function
 - Durability
 - Relief
- **Patient Barriers: (Check all that apply)**
 - Time
 - Trust
 - Fear
 - Budget

III. MEDICAL HISTORY UPDATE

- **Current Medications:**

- **Allergies:** _____
- **Medical Conditions:** _____

IV. VITAL SIGNS

- **Blood Pressure:** _____
- **Heart Rate:** _____
- **Other Relevant Measurements:**

V. CLINICAL EXAMS

1. Perio Exam:

- Findings: _____
- Recommendations: _____

2. Restorative Exam:

- Findings: _____
- Recommendations: _____

3. Cosmetic Exam (whitening, Invisalign, etc.):

- Findings: _____
- **Recommendations:** _____

VI. DOCTOR-PATIENT CONVERSATION NOTES

- **Key Points Discussed:**

- **Personal Connection Made:**

New Patient Experience

CHECKLIST DA/HYG

- Office Tour
- Gift Bag w/ welcome card
- Referral Card
- New Patient Handoff Sheet/Comfort Menu
- Radiographs
- Patient/Smile Photos
- Intraoral Photos
- Chart Existing Restorations/Missing Teeth
- Perio Chart
- Hyg Notification Form
- If Hygiene side present hyg tx and perform hyg
- If Dr Side, Review Intraorals and grab Doctor for exam
- Introduce Doctor using New Patient Handoff sheet (point out pt concerns)
- Use Tx Plan worksheet to record Dr's Findings
- Excuse yourself to input tx plan into computer
- Have tx plan checked for Ins accuracy and signed off by PA/Team Lead
- Present TX Plan to pt using proper Verbiage
- Schedule Hyg/Dr appts if applicable (including 3, 4 or 6 mo recall apt)
- Ensure all services are attached to apt w/ proper provider
- Check if FD is Ready for checkout
- Scan all forms into system
- Bring pt to front for Checkout (use overhear psychology to handoff to FD)
- Break down room

LIFESTREAMU

STANDARD OPERATING PROCEDURES:

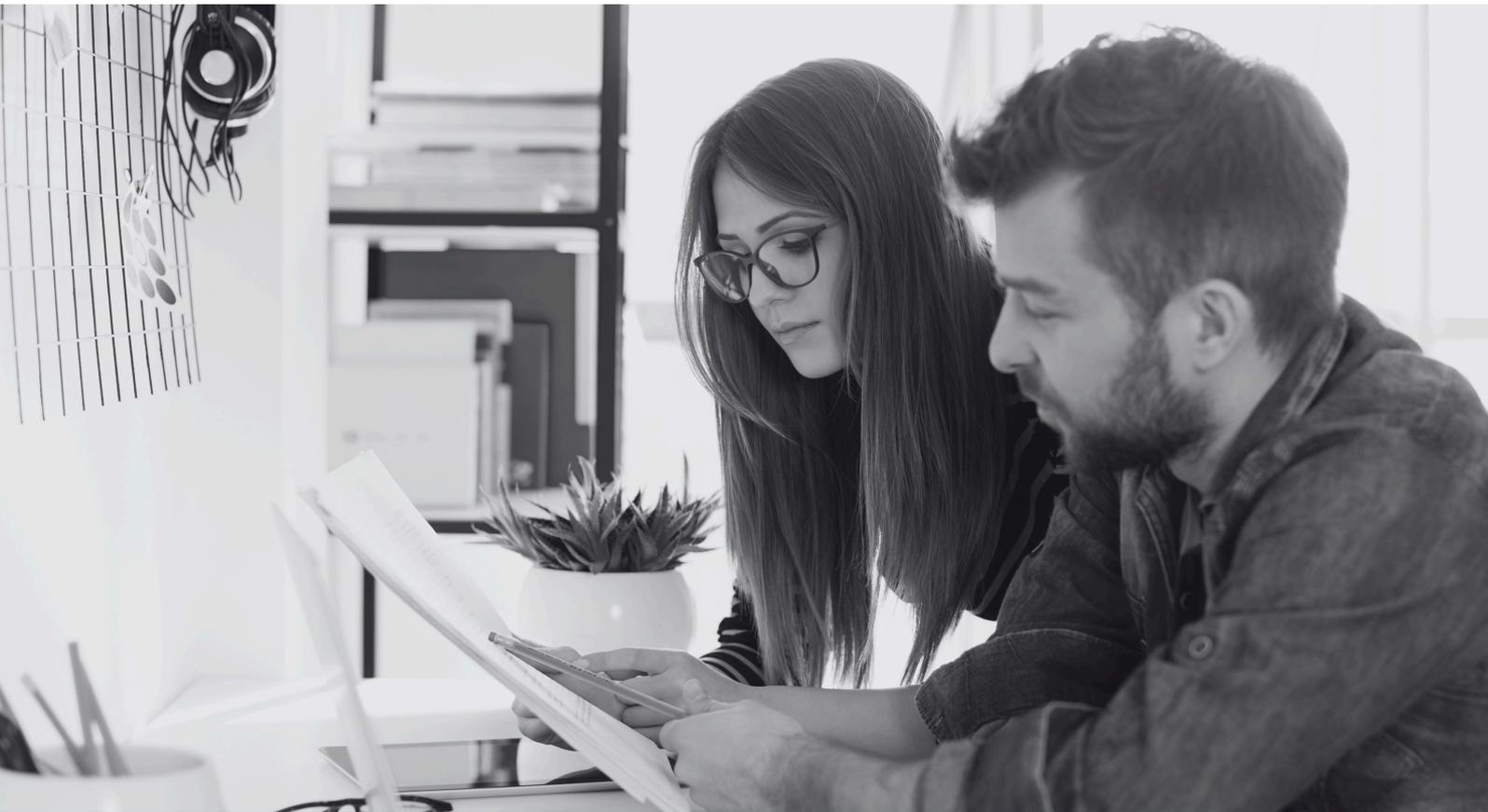
Insurance Verification
PROTOCOL



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SOP - Insurance Verification Protocol

HOW OFTEN INSURANCES ARE VERIFIED

- Insurance is verified for every new patient before their first appointment, when a patient changes/gets new insurance and before any upcoming appointments (1 x a month)
- It is important to notate that a patients insurance plan can change from month to month so the team will need to be sure to re verify for each month that the patient has an upcoming appointment scheduled to be sure their plan is still active and has not changed
- Ingenious Global verifies, completes breakdown form, and attaches in Open Dental for all PPO insurances. Office staff are responsible to verify and attach any HMO and Discount plans including in house discount plan
- Office staff is also responsible to check and make sure PPO verifications are completed by Ingenious according to our verification protocol and all information matches the breakdown form.

BREAKDOWN FORMS

1. LONG PPO BREAKDOWN FORM

This form is to be completed for all New Patients and Patients that change/get new insurance, this form should also be used to re verify each PPO at the beginning of the year or the insurance renewal month if it is a plan/fiscal year.

EV Full Form		VERO	Frequencies & Limitations
Clinic name			
Appointment Date			
Patient Name, DOB			Request Oral Exams (D0120)
Subscriber's Name, DOB			Prophylaxis (D1110)
Relation of the PT with the Subscriber			Bitewing X-Ray (D0218 / D0272)
Alternate ID#			Full Mouth X-Ray (Panoramic X-Ray) (D0210 / D0330)
Insurance Name & Tel#			Sealants (D1351)
Insurance Claim Mailing Address:			Age limit for Sealants?
Do you accept electronic claims?			Teeth Restrictions On Sealants?
Electronic Payer ID#			Fluoride (D1206)
Effective Date			Age limit for Fluoride?
Plan renewal month?			Preventative Resin (D1352)
Employer / Group Name?			Age limit for D1352?
Group Number?			
Type of Coverage ?(Subscriber only - Employer/Spouse or Family)			Basic
Which fee schedule shall we use?			Scaling & Root Planning (D4342/ D4342) (What % is covered?)
Annual Maximum on the plan?			Can all 4 quadrants be done on same visit & if Any Perio TX Req Anything
Remaining amount from the maximum?			Oral Care Scaling (D4349)
Annual Individual Deductible?			Perio Maintenance (D4930) (It's Paid at Prev or Basic)
Individual Deductible met?			D0310 Shared Fee with D1120?
Annual Family Deductible?			How soon after D4341 patient can have D1110?
Family Deductible met?			Guided Tissue Regeneration (D4266)
Coverage %		DED Applied? Yes/No	Coverage %
Diagnostic & Preventive %			D4381-How Many MM Pocket Depth Req?
Basic Restorative %			Full Mouth Debridement (D4355)
Endo %			Posterior Composites (D2391)
Periodontics %			Do you downgrade the Posterior Composites?
Oral Surgery %			Occlusal Guard (D9948)
Major Restorative %			
Ortho %			Major
Crown %			Crowns (D2740)
Do you down grade the Crowns?			Do you down grade the Crowns?
Buildups (D2950)			Buildups (D2950)
Part and Core (D292/2954)			Part and Core (D292/2954)
Veneer (D2962)			Veneer (D2962)
Partials/Dentures (D110/1120/1130/1140)			Partials/Dentures (D110/1120/1130/1140)
Dentures (D0215/0216)			Dentures (D0215/0216)
Fixed Prosthodontics/ Dentures (D0211/0212/0213/0214)			Fixed Prosthodontics/ Dentures (D0211/0212/0213/0214)
Implants (D6020)			Implants (D6020)
Implants (D6021)			Implants (D6021)
Implants (D6065)			Implants (D6065)
Bone Graft (D7913)			Bone Graft (D7913)
Ortho (D4900)			Orthodontics benefits
Ortho Lifetime Maximum?			Ortho (D4900)
How is Ortho Paid?			Ortho Lifetime Maximum?
Does patient have previous Ortho History?			How is Ortho Paid?
Ortho Age limit?			Does patient have previous Ortho History?
Verification Date			Ortho Age limit?
Verified by			Verification Date
Insurance Representative Name			Verified by
			Insurance Representative Name

2. SHORT PPO BREAKDOWN FORMS

Forms that are to be used to re verify an existing patient's insurance for an upcoming appointment (1 x a month)

EV Partial Form	VERO
Clinic name	
Appointment Date	
Patient Name, DOB	
Subscriber's Name, DOB	
Relation of the PT with the Subscriber	
Alternate ID#	
Insurance Name & Tel#	
Insurance Claim Mailing Address:	
Do you accept electronic claims?	
Electronic Payer ID#	
Effective Date	
Employer / Group Name?	
Group Number?	
Annual Maximum on the plan?	
Remaining amount from the maximum?	
Annual Individual Deductible?	
Individual Deductible met?	
History	
Exams	
Prophy	
Bitewings	
FMX/Pano	
Perio Maint.	
Scaling/RP	
Additional Comments	
Verification Date	
Verified by	
Insurance Representative Name	

3. HMO BREAKDOWN FORMS

These forms are to be used to verify all HMO plans for new patients as well as for re verifications (1 x a month)

HMO Eligibility Status Form	
Clinic Name:	
Appointment Date:	
Insurance Company, Phone#	
Insurance mailing address	
Payor ID	
Insured name, SSN#, DOB	
Insured ID #	
Relationship to the Subscriber	
Patient name, DOB	
Benefit Breakdown	
Effective Date of Plan	
Coverage Type (Individual/Emp & Spouse/Family)	
Group Name / Number	
In/ Out of Network	
Fee Schedule	
Is the Patient Assigned to this dental office?	
Plan code & Office Visit Copay?	
Waiting Period (Y/N)	
Waiting period Satisfied Date	
Missing Tooth Clause (Y/N)	
Lab Fee	
Ins Reps name	
Your Name	

COMPLETING A PPO VERIFICATION

- While Ingenious does all PPO verifications it is our teams' responsibility to ensure that the proper breakdown form is completed per the above protocol (time frame) as well as making sure all info in the family file in Open Dental matches the breakdown form, The items to look for are as follows:
 - maximum and deductible information (used/remaining)
 - proper fee schedule is attached
 - coverage percentages
 - frequency limitations
 - downgrades
 - member ID
 - Claims address/payer ID
 - Check to make sure PPO Percentage is used
- If there are any errors it is the offices responsibility to notify ingenious by sending an email to iv@ingeniousglobal.us with a screenshot of the form and what's in the system showing the error so that they can be held accountable.
- There may be some situations in which a patient presents information last minute after
- attempts have been made to obtain it beforehand which will require you to verify and attach a PPO insurance at the office, if this is the case please follow the next steps to attach the insurance to patients account.

ATTACHING PPO INSURANCES

- Using the Information on the appointment (NP's) or the information in the family file (existing) you must call or use the online portal if applicable (please see your OM for login information) to contact the insurance company and verify that the patient is active
- While completing this you must also answer ALL questions listed on the breakdown form in full and list the date, time, reference number if applicable, reps name and your name on the form
- Once the proper form is complete you will go to the family file for the subscriber of the plan and click on the “add insurance” button

The screenshot shows a software window titled "Planes Dental - Clinic: Vero Beach (Christie Priest) - Reddington, Jennifer - 70543". The interface includes a menu bar with options like "Log Off", "File", "Setup", "Lists", "Reports", "Tools", "Clinics", "eServices", and "Alerts (0)". Below the menu is a toolbar with various icons and buttons, including "Add Insurance". The main area is divided into sections: "Family Members" with a table, "Patient Information" with a form, and "Account" with a list of options.

Name	Position	Gender	Status	Age	Recall Due	Type	Interval	Previous	Due Date	Sched Date
Reddington, Jenae	Single	Female	Patient	51		Prophy	6m2w			

Patient Information

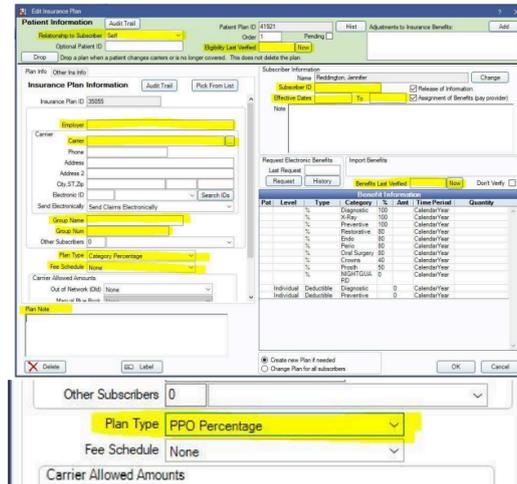
Last: Reddington
First: Jennifer
Preferred Title:
Salutation: Patient
Status: Single
Gender: Female
Position: Single
Birthdate: 12/24/1970
Age: 51
Sex: F
Address:
Address2:
City:
State:
Zip:
Hm Phone:
Wk Phone:
Wireless Ph: (321)272-6422
E-mail: reddingtonjenifer51@gmail.com
Op 1: Contact Method: None
Op 2: Billing Type: Standard Account
Op 3: Primary Provider: Michael Pinholster-Pinholster, Michael
Op 2: Sec. Provider: None
Payor Types:
Language:
Referrals: None

- The next screen that comes up will ask you if the patient is the subscriber, you will click yes if so, if not you will click no and then it will prompt you to search for the subscriber, if you have not added the insurance to the subscriber and are trying to add it to the dependent/spouse you will need to first go back to the subscribers family file and attach it there first

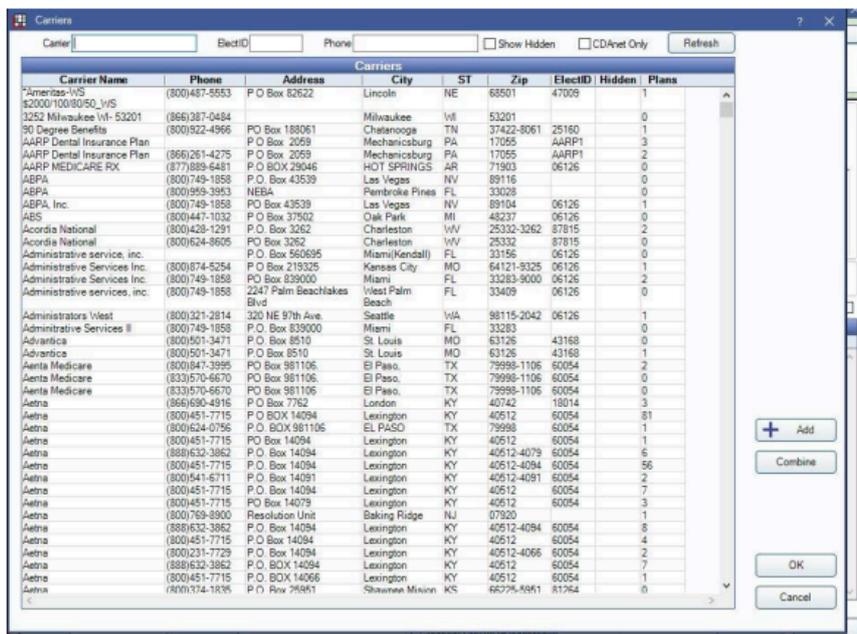
Is this patient the subscriber?

Yes No Cancel

- Once you click yes the Insurance screen will come up and you will need to fill in all information highlighted below, under the plan type you must enter it as PPO percentage and right under that you will attach the proper PPO fee schedule



- Under the carrier section if you click the button with the 3 dots the next screen will come up with a list of insurance carriers that are already in the system, using the top search bar you can search for that insurance company to see if it is already in the system to use, you must make sure all information (name, address, phone #, payer ID) is the same as what has been verified, if it is not you will click the add button on the right side to add that carrier to the system

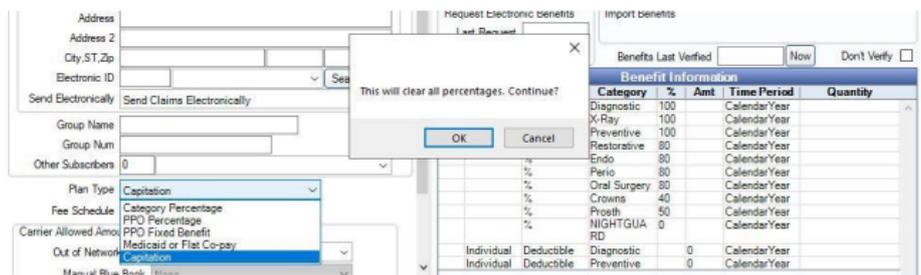


- Once you have added the proper carrier you will select okay and it will take you back to the main insurance screen, once all information is entered there you will double click on the lower right side in the section that says Benefit Information, the next screen that comes up below is where you will enter all of the coverage percentages, frequencies and max/ded information.

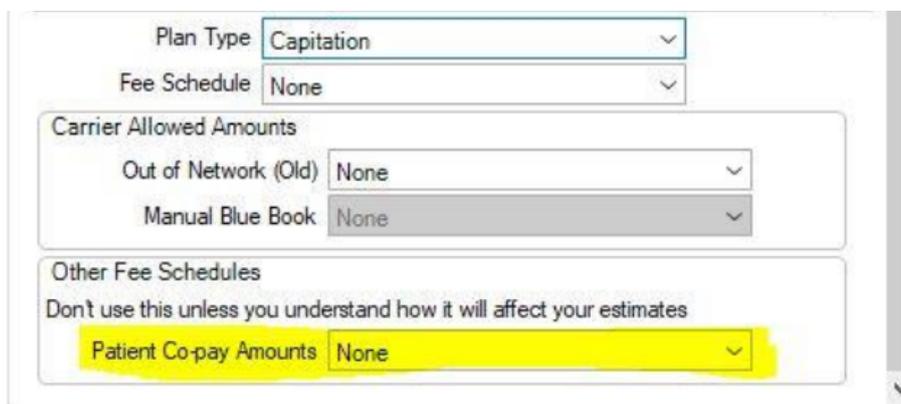
- As highlighted above you will need to be sure to add whether the benefit year is a calendar year or fiscal/plan year and if it is a fiscal/plan year you will enter the number of the month that it starts with, under frequencies you will click the more button highlighted above and another screen will come up to allow you to enter additional frequencies
- At the bottom of the screen under other benefits is where you can add any specific benefit information (frequency, special rules, downgrades, coverage percentages, etc) that do not fall under the main categories above
- There is also a note section where you can add any special notes that pertain to this plan
- Once all of the information is entered correctly you will okay, click okay on the main insurance screen and you will see the plan is now attached to that patient

COMPLETING AND ATTACHING HMO INSURANCES

- You will follow steps 1-4 above in the PPO verification section, Once you come to the insurance screen you will add the carrier, Effective dates, ID number, etc just as you do for a PPO insurance, once that is complete you will go down to the section that says Plan type in this section you will choose “capitation” for the plan type, once you choose this option a box will come up that will say this clears all percentages, you will click OK (see below) (in the note section on the main screen you will need type the Office Visit copay amount for that plan if applicable)



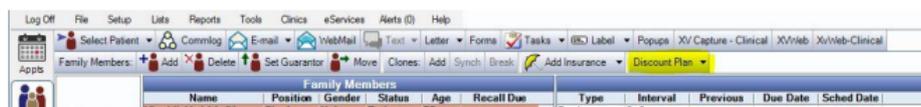
- Once you choose the plan type you will scroll down a bit until you see a section that says “patient copays” this is where you will attach the proper HMO Fee schedule



- Once you have entered all information correctly and attached the fee schedule in the proper section you will click okay and the insurance is now attached to the patients account
- Once insurance is attached you will then scan in the Verification form and place into the patients “images” in the Insurance folder, for HMO’s you will also need to obtain a copy of the HMO Fee schedule during the Verification and also upload it into the insurance folder

ATTACHING A DISCOUNT PLAN

- With the information obtained on the patients apt you will call or go online to verify the patient is active and what discount plan they have, you should always verify if you have the correct fee schedule in office already while on the phone so that if you do need it you can request the rep send to you
- Once the verification is complete you will go to the family file and at the top toolbar right next to where you add a PPO/HMO insurance you will see the box that says “discount plan”



- Click on that and the discount plan screen will show up with a list of all discount plans already in the system, you will search these plans to see if this plan is already in the system, you want to be sure to click the right plan that lists your offices name and fee schedule as this list will include all offices in the database



- Once you choose the correct plan, you will enter the effective dates and subscriber ID on the next screen and then click Okay and it is attached, if the plan you are looking for has not be entered into the system you will click the “Add” button on the right side of the screen to add the plan

- The next box that pops up is where you will add the discount plan information, in the description you want to be sure to include your office name/abbreviation so that we can see which office this plan is for, for adjustment type you are going to select discount plan and input any frequencies if applicable, you will click on the button with the 3 dots next to where it says fee schedule and this will bring up another window of all fee schedules

- The below window is the list of all fee schedules in the system, you will want to search for that fee schedule for your office and then click OK

Description	Type	Hidden
1. Delray Office Fees-2	Normal	
2. Delray Aetna Dental PPO 2022	Normal	
3. Delray Ameritas PPO 2022	Normal	
4. Delray MetLife PPO 2020	Normal	
5. Delray Delta Dental PPO 2022	Normal	
6. Delray Humana PPO-2	Normal	
7. Delray Principal PPO 2022	Normal	
8. Delray United Healthcare PPO 2022	Normal	
9. Delray Concordia Advantage Plus 2022	Normal	
10. Delray Geha/Connection Dental PPO 2022	Normal	
11. Delray FCL Blue Dental Choice & Choice Plus 2022	Normal	
12. Delray Florida Blue Dental Choice Copayment PPO 2022	CoPay	
13. Delray FCL Blue Choice PPO 2022	Normal	
14. Delray - GRID PLUS 2022	Normal	
15. Delray Anthem UniCare PPO 100 2022	Normal	
16. Delray Careington PPO -2	Normal	
17. Delray Cigna DPPO -2 P7X00-2	Normal	
18. Delray Cigna DHMO CoPay	CoPay	
19. Delray Cigna Indemnity -2	Normal	
20. Delray Delta Dental VA	Normal	

- Once all information is entered for the Discount plan you will click OK and then the plan will be added, you will then scan in the verification form and upload to the insurance folder in the images

LIFESTREAMU

STANDARD OPERATING PROCEDURES:

Refund

PROTOCOL



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SOP - Refund Protocol

WHEN SUBMITTING A REFUND FOR A PATIENT PLEASE BE SURE TO FOLLOW THE FOLLOWING STEPS

1. Fill out Refund request form in full
2. Attach all documents required on the list (clinical notes, ledger notes, EOB's if applicable)
3. Once Complete you will email it to Lauren, CC: Christie Priest, Kim Pulgarin, Allison Hall and Dr. Planes
4. Once Lauren audits and approves requests, Dr Planes will approve, Allison will notify us when payment is sent via bill.com and Lauren, Christie or Kim will adjust the patients account.



LIFESTREAMU

STANDARD OPERATING PROCEDURES:

Insurance Claims
SUBMISSIONS



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INSURANCE CLAIM

1. Policy holder details

SOP - Insurance Claims Submissions

HOW OFTEN ARE CLAIMS SUBMITTED

- Claims are to be submitted on a daily basis through Open Dental with all supporting documentation and narratives.
 - Dental Exchange should be checked daily to clear any errors with these claims

DOCUMENTATION & ATTACHMENTS

- **Prophys**
 - No additional attachments or documentation
- **Perio Maintenance**
 - In the notes section in the claim, indicate the dates of SRP if new insurance.
 - Example: SRP completed 4/21/2022 and 4/23/2021.
 - Perio Chart in the attachment

Claim Status: Waiting to Send
Claim Type: Primary
Date of Service: 09/17/2022
Date Orig Sent: 09/17/2022
Date Sent: 09/17/2022
Date Received:

Clinic: Oviedo
Mod/Dent: Dental
Claim Form: ADA 2012
Billing Provider: Oviedo-NEW
Treating Provider: Alex Planes
Predeterm Benefits:

Insurance Plan: Aetna Dental PPO (Test: Legwork Test)
Relationship: Self
Other Coverage: Change None

Enter Payment: As Total, By Procedure, Supplemental, Split Claim

#	Date	Prov	Code	Tth	Description	Fee	Billed to Ins	Deduct	Ins Est	Ins Pay	WriteOff	Status	Pmt	Pay Tracking	Remarks
1	09/17/2022	Alex Planes	D1110		prophylaxis - adult	114.00	114.00	0.00	48.00	0.00	66.00				

Totals: 114.00, 0.00, 48.00, 0.00, 66.00

Insurance Payments: Date, Type, Amount, Check Num, Bank/Branch, Note

Attachments: General, Attachments, Misc, Medical, Status History

Medical: Crown, Bridge, or Denture: No, Initial, Replacement. Prior Date of Placement. (Might need a note. Might need to attach x-ray). For bridges, dentures, and partials, missing teeth must have been correctly entered in the Chart module.

Ortho: Is For Ortho, Date of Placement, Months Total, Months Remaining

Claim Referral: Only enter referring provider and referral number if required by your insurance carrier. Referring Provider

Buttons: View ERA, View EOB, Recalculate Estimates, Finalize Payment, Batch, This Claim Only

- **Gingivitis Cleaning (D4346)**
 - Narrative (clinical note/diagnosis)
 - Perio Chart
- **SRP (D4341 & D4342)**
 - FMX
 - Perio Chart
 - Narrative (clinical note/diagnosis)
- **Fillings**
 - No additional attachments or documentation needed
- **Build-Up**
 - Pre-Op X-Ray (to be taken before tooth is prepared for restoration)
 - Post-Op X-Ray (this will be requested if pre-op radiograph is of a prepped tooth)
 - Narrative (clinical note to support necessity)
 - Example: Build-up required due to
 - Favorable endodontic, periodontic, & restorative prognosis

- **Crown**
 - Pre-Op X-Ray (must be of diagnostic quality)
 - IO photo (only if it supports necessity of treatment. Otherwise it increases chance of denial)
 - Narrative (clinical note- must contain a diagnosis)
 - Needs to be patient specific -nothing general or universal like "broken," "cracked," or "decay," these descriptions are too generic
 - Notate that it has a favorable endodontic, periodontic, & restorative prognosis
 - Initial or replacement should be assigned in the procedure code AND in the claim note
 - Diagnosis: Example:
- **Root Canal**
 - Pre-Op and Post-Op X-Ray (before endo started & after endo completed)
 - Narrative (clinical note)
 - Example: Diagnosis: Irreversible pulpitis
- **Extraction**
 - PA and BW X-Ray
 - Narrative (the “why” and diagnosis)
- **Wisdom Teeth Extractions (1, 16, 17, 32)**
 - Pano
- **Bone Graft**
 - FMX or Pano
 - Narrative (the “why” and diagnosis)
 - Example: Bone graft placed at site [Tooth #] necessary to preserve the site for future implant placement.
- **D6010 Implant**
 - FMX and Pano
 - Date tooth was extracted
 - Narrative (the “why” and diagnosis)
 - Example: Implant placed at site [Tooth #] of which was extracted on mm/dd/yyyy.

- **Custom Abutment**

- PA and/or BW X-Ray
- Narrative (the “why” and diagnosis)
 - Example: Initial placement - to restore implant placed mm/dd/yy.

- **Denture**

- FMX and/or Pano
- Narrative (the “why” and diagnosis)
 - Example: Initial or Replacement. List of missing teeth.

*****If replacement denture includes the initial date of delivery for prior denture(s).**

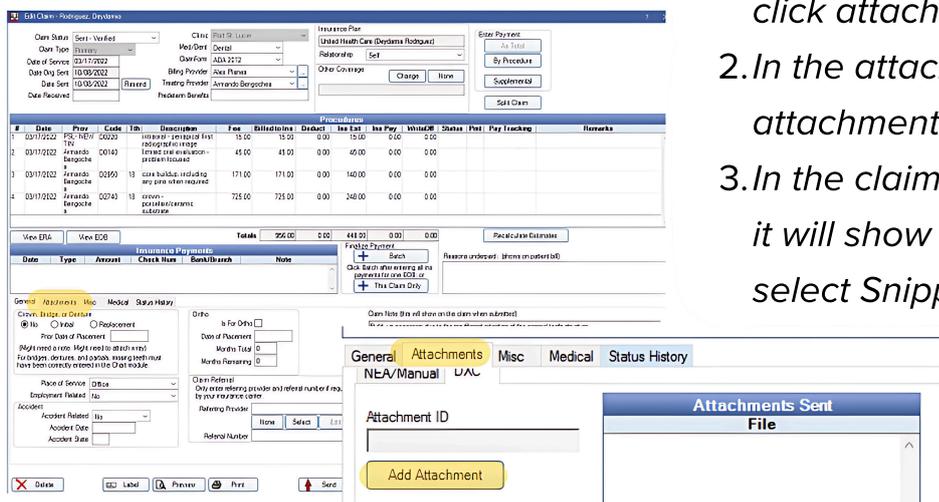
- **5820 Interim Partial Denture**

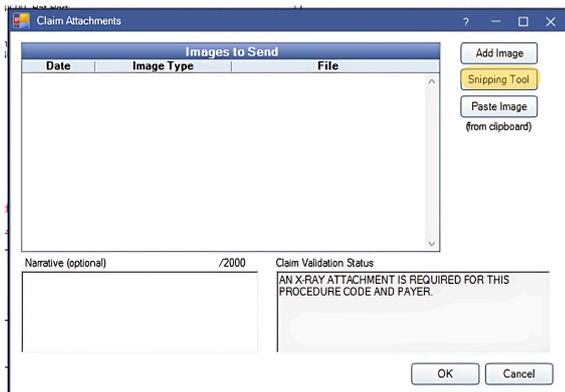
- FMX and/or Pano
- Narrative (the “why” and diagnosis)
 - **Example:** Interim partial denture to replace [Teeth #'s]. Future treatment plan includes implant placement and the interim partial denture is intended to be in place for the next 3 months. [Teeth #'s] extracted on mm/dd/yyyy

ATTACHING SUPPORTING DOCUMENTATION TO CLAIM

- Claims are to be submitted on a daily basis through Open Dental with all supporting documentation and narratives.
 - Dental Exchange should be checked daily to clear any errors with these claims

1. Open the created claim and click attachments
2. In the attachments, click add attachment
3. In the claim attachments box it will show Images to Send, select Snipping Tool

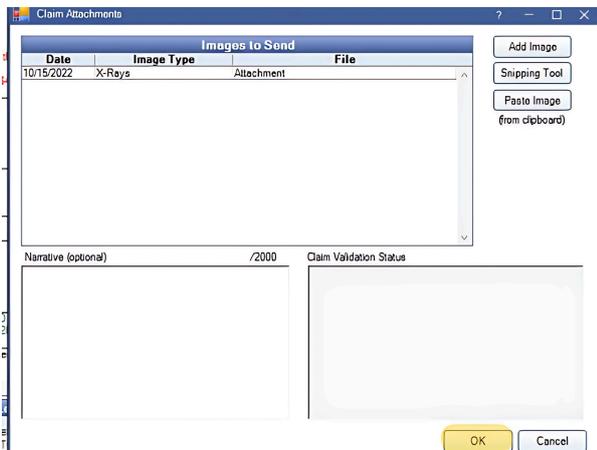
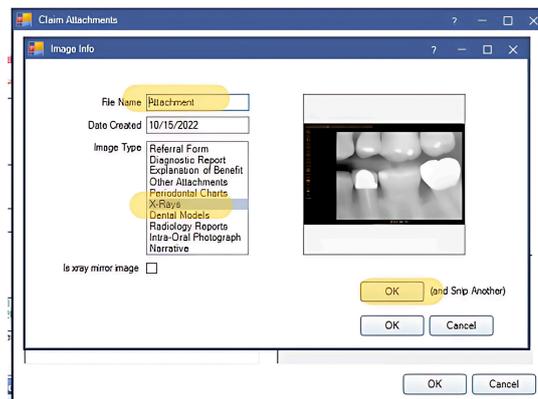




After selecting snipping tool, the snipping tool icon will pop up, **DO NOT CLOSE IT**. Go into XV Web and when ready to snip, click back on the snipping tool on your tool bar and snip your image

Once image is snipped, select the image type. You can name the file. Then select OK.

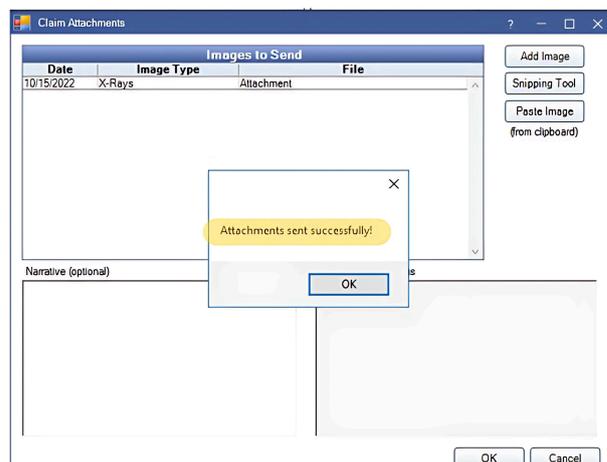
Continue adding attachments until you have all of the supporting documentation necessary for the claim.



After OK, Image will show up in the Images to Send box. You have to select OK again, otherwise the attachments will not attach.

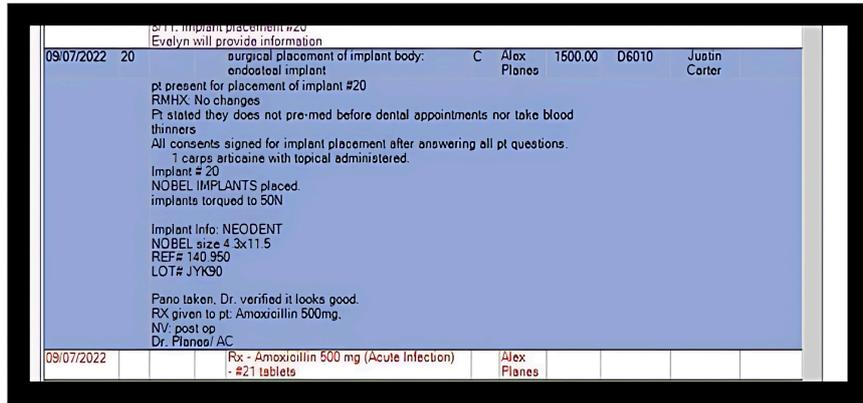
You have to receive a message that attachments were sent successfully. Continue adding attachments until you have all of the supporting documentation necessary for the claim.

YOU'RE DONE!



This is a clinical note. Not a narrative does not contain a diagnosis

NOT a narrative. A narrative needs to contain a diagnosis. Why the treatment on the claim is being rendered.



CROWN NARRATIVE EXAMPLE

Tooth #3- confirmed distal and lingual cracks visually and with transillumination, decay present in distal crack. Crown recommended to prevent further spread of crack and alleviate symptoms. Incomplete tooth fracture confirmed w/ Tooth sleuth crack detector. Probing depths WNL. Current standard of care contraindicates placement of fillings in teeth with incomplete tooth fracture, and dictates occlusal coverage via crown. Standard of Care also dictates excavation of the crack(s), requiring bonded core buildup. See attached intra oral images and preoperative radiographs.

SRP NARRATIVE EXAMPLE

Diagnosis: Moderate periodontitis

1. Supra and sub gingival calculus
2. 4-5 mm periodontal probings on the posterior dentition
3. Moderate bleeding on probing
4. Slight horizontal bone loss on the posterior dentition
- 5- Evident loss of lamina dura visible on radiographs

Length of appointment- 2 hours

Rational for multiple quadrants at 1 visit- Patient has HIGH BP pt request for fewer visits

FIXED BRIDGE NARRATIVE EXAMPLE

Pt presented for fixed bridge #28-31. Prior crown placements for #30,31 was DOS 3/20/2007 and for #29 DOS 1/9/2014. #30 non-restorable and was extracted DOS 2/4/2021. #31- recurrent decay creating open margin. #28- deep occlusal caries, after after full excavation of caries over 50% tooth structure compromised. #29- recurrent decay under crown, crown off.

Missing teeth include #1,5,6,7,8,9,10,13,15,16,17,18,30,32

Bridge was seated 10/18/2021.

INCOMPLETE TOOTH FRACTURE - (CRACKED TOOTH SYNDROME)

Pt reports pain on biting and chewing food. Some temperature sensitivity. Vitality testing done. Tooth was sensitive to closing and opening on tooth sleuth. Exaggerated cold sensitivity that did not linger. No pain to percussion. Confirmed distal and lingual cracks visually and with transillumination, decay present in distal crack. Crown recommended to prevent further spread of crack and alleviate symptoms. ITF confirmed w/ Tooth sleuth crack detector. Probing depths WNL. Existing occlusal amalgam restoration w/ recurrent caries. Current standard of care contraindicates placement of fillings in teeth with incomplete tooth fracture, and dictates occlusal coverage via crown. Standard of Care also dictates excavation of the crack(s), requiring bonded core buildup. See attached intra oral images and preoperative radiographs.

DECREASING DENIALS

The biggest issue when receiving denials is due to the lack of sufficient supporting documentation, specifically narratives from clinical notes AND radiographs of diagnostic quality.

It is increasingly more difficult to get a claim for major services paid as insurance companies are creating their own additional guidelines requiring detailed information to process claims. Every crown prep and patient is different, so it is difficult to create a universal narrative to accompany these claims. Clinical notes or narratives that are too generic = Denial. Insurance labels these as “not patient specific”. The chart notes should always be written in a way which allows the patient’s unique condition to be conveyed.

Avoid using vague terminology like broken, cracked, decay as an overall diagnosis



Instead, where is the tooth broken or cracked, where is the decay, what surfaces are included, how much of the tooth is compromised. The documentation should be thorough and comprehensive, “narrating” your findings and diagnosis.

If these procedures are clinically necessary it is imperative to document why or relay the information to those drafting the clinical notes. Please default to SOAP notes (SOAP means Subjective (Patient Chief Complaint), Objective (includes factual documentation about the patient’s diagnosis, physical symptoms, appearance, etc), Assessment (using professionally acquired knowledge to interpret the information given by the patient and the diagnosis) and the Plan (the treatment plan). We need to provide a diagnosis with every single detail possible. It must include preoperative radiographs of diagnostic quality, intraoral images that are properly labeled, post-operative radiographs of diagnostic quality, and completed periodontal charting.

With cracked teeth, we all know they do not show on radiographs. Every office is equipped with an intra oral camera. Utilize the investment! Insurance companies are not going to pay on cracked teeth without documentation. CTS, which has now been re-termed as “Incomplete Tooth Fracture”, is a common diagnosis for crowns, but this too needs to be documented in the chart notes. Where the crack is, where it extends, if it was fully removed, how it was confirmed (visually, tooth sleuth, pulp testing, transillumination).

EVERY DETAIL IS NECESSITY ON WHY IT IS NECESSITY.

LIFESTREAMU

STANDARD OPERATING PROCEDURES:

COLLECTIONS



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SOP - Collections

Collections must be a top priority at the office level. Consistency is mandatory for collecting fees due. This is a written protocol to establish a consistent effective routine and also hold us all accountable.

On your Practice Administrator Checklist, there is a required minimum of 10 patient AR calls per day. These calls are **mandatory** and are to be logged **daily** on the link provided for the excel spreadsheet. **You are to also note the account for any calls, texts, email, etc.** As you should be making your calls daily, you should also be looking at the AR report weekly as well as making additional calls on your admin days or any down time.

As the RCM will be sending statements companywide between the 5th and the 10th of every month, it is the Practice Administrator's responsibility to send statements throughout each month as well.

ails each office receives daily for insurance payments that have been
y have a list of patients that have been left with a balance and an
why they owe that balance in the patients Commlog. **That list is for you
ts statements ASAP.**

Collection process is as follows:

a statement within 30 days of the balance posting to their account.

payment or contact made from the patient from the date the 1st
sent, call the patient asking for a commitment for payment by a certain
carefully to the reason for non-payment. Be empathetic, but firm. If
to help solve the problem.

unable to reach the patient by phone call, you are to send a follow up
ged through Modento as well as a follow up email. **These are all to be
ed in the commlog that all 3 were done.**

not contact the patient with all 3 attempts mentioned above 9Phone call,
il) you will send the patient a 2nd statement within 60 days of the
g to their account.

a statement within 90 days of balance posting to their account.

e section on the statement, it should read: **FINAL NOTICED BEFORE
T IS HANDED OVER TO COLLECTIONS**

ayment or contact made from the patient within 10 days, call again.

nse, a letter telling the patient the account will be forwarded for outside
f payment is not received immediately.

notification, you must follow through, setting the account billing type to
ctions.



- The account will then be reviewed to be certain there are no extenuating circumstances. If there are apparent problems, adjustment will be made to the account with the approval of Dr. Planes.
- Patients will be sent in the Pre-collections query by the RCM. Practice Administrators are not to send queries to Wakefield, nor request a patient be taken out of collections without proper approval.

Rule of thumb for delinquent accounts:

Under \$70

After the phone call following the third billing cycle (90 days) and non payment, the patient is to be sent to RC to be discussed and reviewed with Dr. Planes for potential adjustment of account balance.

Above \$70

- After the phone call following the third billing cycle (90 days) and non-payment, set patient billing type to Pre-Collections. Accounts will be reviewed and sent to outside collection agency by RCM.

LIFESTREAMU

STANDARD OPERATING PROCEDURES:

Admin Daily Recap
PROTOCOL



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SOP - Admin Daily Recap Protocol

At the End of each Day each Practice Admin is responsible to complete the PA daily checklist provided and upload the proper forms to the Daily Recap folder in the General drive for your corresponding office. This checklist also has weekly and monthly tasks and will need to be uploaded to the same folder at the end of the week for weekly and at the end of each month.

This checklist is a tool to assist you in making sure all items are checked and completed for each office.

Practice Administrator CHECKLIST

DAILY	
Check Voicemail	<input type="checkbox"/>
Check Unique and Modento Messages and bring to huddle if applicable	<input type="checkbox"/>
Conduct Morning Huddle (Ensure info is at the Ready; Identify Opportunities)	<input type="checkbox"/>
Patient Confirmation Software - Check and Respond Periodically Through out the day	<input type="checkbox"/>
Confirm Next Two (2) Days Appointments	<input type="checkbox"/>
Chart Preps for Next Two (2) Days	<input type="checkbox"/>
Insurance Verified (*Follow Insurance Verification Protocol)	<input type="checkbox"/>
Correct Fee Schedule Attached	<input type="checkbox"/>
Pt Ins Coverage Set up	<input type="checkbox"/>
Use Tx Plan on Appointments	<input type="checkbox"/>
Pt Copay Collected at Time of Service	<input type="checkbox"/>
Claims Submitted Daily	<input type="checkbox"/>
Sort Mail	<input type="checkbox"/>
Send all Statements/Invoices Same Day to AP (Verify Receipt of Ordered Items)	<input type="checkbox"/>
Scan All Ins payments to Portal (email Katy to Post)	<input type="checkbox"/>
Deposit Checks and Cash (Daily)	<input type="checkbox"/>
Patient AR Calls (minimum of 10 Daily)	<input type="checkbox"/>
Check all procedure notes (ensure autonotes and prompts are being used correctly)	<input type="checkbox"/>
Collect all Checklist from Staff (Daily, Weekly, Monthly)	<input type="checkbox"/>
Check Dental Xchange for errors/rejections	<input type="checkbox"/>
EOD Reconcile-Correct Provider/Procedures	<input type="checkbox"/>
Upload the Following Items to Portal Daily:	<input type="checkbox"/>
NP Tracker with Follow up calls	<input type="checkbox"/>
Patient A/R calls form (minimum of 10 daily)	<input type="checkbox"/>
Unearned Income Report	<input type="checkbox"/>
Claims not sent report	<input type="checkbox"/>
Procedures not billed report	<input type="checkbox"/>



All items must be completed daily and checked off once complete. There may be some items that you have delegated to your Patient Coordinator, but it is ultimately your responsibility to check and make sure it is complete before signing off. Please pay special attention to the bottom section for items that must be uploaded to the portal (**General>your office>Daily Recap Checklist>Month>Day**) These items must be in this folder and not in any other folder in the G Drive.

- **NP Tracker-** This must be completed for that days NP's and you must also include the follow up calls that were made that day using our 2x2x2 treatment follow up protocol. If the calls are not listed then it was not uploaded properly.
- **Patient A/R calls-** you must upload the AR call log sheet and list all calls made (minimum of 10 a day) as well as the outcome, you do not need to upload the AR report itself
- **Unearned income report-** must be uploaded for that days date
- **Claims not sent-** must be uploaded for that days date
- **Procedures not billed-** must be uploaded for that days date

Chart Preps (both Admin and Clinical) as well as the DA daily, weekly and monthly checklists must be uploaded to the *DA Checklist and Chart Preps* folder in the General Drive in the Portal for your corresponding office.

***It is extremely important you are uploading the proper documents to the proper folder and are creating sub folders within those folders for the month and then the day for which they are for so that it stays organized at all times. These reports cannot be uploaded to the existing EOD folders so that they do not cause confusion when the finance team is going in to reconcile the EOD.**

Weekly CHECKLIST

DAILY	
Patient Aging Report Worked Weekly by Aging Buckets (31/45/61/90)	<input type="checkbox"/>
Account Notes	<input type="checkbox"/>
Statements Sent or Claims Resubmitted	<input type="checkbox"/>
INSURANCE AGING WEEKLY	
Check on Claims Submitted for the Week	<input type="checkbox"/>
Claim Requirements-Supporting Documents	<input type="checkbox"/>
Ins Discount Plans Attached Pt Profile	<input type="checkbox"/>
Claims Resubmitted, Updated in Software	<input type="checkbox"/>
Claim Notes	<input type="checkbox"/>
STATEMENTS WEEKLY	
When Claims Posted & Balance Due	<input type="checkbox"/>
Weekly Aging - 1st Wk A-F, 2nd Wk G-L, 3rd Wk M-R, 4th Wk S-Z	<input type="checkbox"/>

Chart Prep - ADMINISTRATIVE

Patient Name: _____ Date: _____

PATIENT FORMS:

- Acknowledgement of Receipt of HIPAA Privacy Practices Signed
- Patient Financial Agreement Signed
- Treatment Plan Signed
- Release of Information Signed
- Medical History Signed and Dated by DR Prior to Scanning (Once a Year)

PATIENT INFO:

- Driver's License Copied; Enter DL# and Check Expiration Date
- Address is Entered Correctly
- All Phone Numbers Entered
- Email Address Entered
- Medical Alerts Match in Open Dental and Medical History Form in Images (Including Flags)
- Premedication: Yes No
- Providers 1 and 2 are Correct
- Hygiene appointment/pending treatment/next visit scheduled
- Family Members that Need Hygiene Care or restorative care
- Referral Source Entered
- Referral to Specialists; Letters Signed and Scanned

ACCOUNT INFO:

- Outstanding Balance to Collect: \$_____.
- Review Credit Balance: \$_____ (Do not communicate to PT until it is researched and verified as a true credit balance; once verified, apply to appointment charges at check-out).

INSURANCE INFO (If Applicable):

- Insurance Card Copy
- Fee Schedule is Correct
- Benefits Remaining



Collections must be a top priority at the office level and you must make your daily calls as above but you should all be looking at the AR report weekly as well and making additional calls on your admin days as well as sending statements and sending patients to collections if we are unable to collect after our in house collection protocol (1 statement, 1 phone call, 2nd statement, send to collections and mark billing type as pre-collections)

BIWEEKLY CHECKLIST	
Verify Daily Timesheets for Payroll with Dr. Ray (Specify the actual Days worked)	<input type="checkbox"/>

Our payroll is biweekly and it is the PA's responsibility to ensure that all hours are correct for all employees including PTO, Bonuses, Holiday Pay, Expense reimbursements with the proper form, etc. You must also be sure that for each of your doctors you input the amount of days they worked for that time period. This must be completed the Friday before the week of payroll so that the admin team can go in that following Monday and submit payroll by 12pm that Monday. No exceptions.

***Please remember for Hygiene bonuses it is the hygienist responsibility to calculate their bonus and provide you the proper documentation to input into timeco and send the reports via email to Christie and Vickie for review.**

MONTHLY	
Verify Delivery of ALL Office Supplies Ordered	<input type="checkbox"/>
Verify that DAs have accounted for all Dental Supplies Ordered on Invoices/Packaging Slips	<input type="checkbox"/>
Process EOM	<input type="checkbox"/>
EOY CLOSE	

This checklist is not all inclusive and may change from time to time depending on the needs of the practice. We rely on the PA's to take control of their offices and ensure that all systems and protocols put into place are being checked on daily and followed. This checklist and the uploading the reports is our way of holding you accountable and we need you to hold your teams accountable as well.

By signing below you are acknowledging that you have read and FULLY understand this process and will be following it exactly as written. Should the protocol not be followed you will be addressed by someone in Upper Management and will be responsible to fix any issues right away and if they continue further action will be taken.

Employee Signature

Date

Operational Training and Implementation Manager

Date

Director of Operations

Date

LIFESTREAMU

STANDARD OPERATING PROCEDURES:

Dental Office

MANAGEMENT



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Introduction: Redefining the Role of the Dental Office Manager

Many individuals in the role of 'office manager' believe they are managing - but in reality, they may simply be serving as highly paid front desk personnel. True dental office managers are not just administrators. They are leaders.

A DENTAL OFFICE MANAGER IS RESPONSIBLE FOR:

- Leading the team through structure, accountability, and energy
- Leading the schedule through efficiency, production awareness, and problem solving
- Leading the patients through clear communication, empathy, and treatment planning

A manager is the eyes and ears of the doctor, the pulse of the practice, and the bridge between vision and execution.



LEADERSHIP LINE: BALANCING AUTHORITY WITH EMPATHY

How do you lead the team and lead the schedule?

Leading the schedule requires:

- Awareness of production goals
- Tight coordination with clinical staff
- Proactive treatment planning and follow-up

Leading the team requires:

- Emotional intelligence
- Consistency in tone, attitude, and follow-through
- The ability to motivate without becoming 'friends' with staff

Be kind, but firm. Be respected, not feared. Be clear, not controlling.

COURSE CORRECTION: DRIVING PRODUCTION WITHOUT CONFLICT

When your team isn't performing, it's your responsibility to course-correct.

Here's the right way to do it:

1. Know Your Team - Every staff member responds differently. Avoid a one-size-fits-all approach.
2. Start with Positivity - Begin performance conversations by recognizing their strengths.
3. Address the Gap - Be specific about what's missing. 'I need you to...' instead of 'You're not doing...'
4. Stay Solutions-Focused - Provide tools or support, and follow up with encouragement and accountability.



UNDERSTANDING TEAM PERSONALITIES: THE 4 QUADRANTS MODEL

To be an effective manager, you must understand your team's personalities and communication styles.

Option 1: DISC Profile

- **D (Dominance):** Results-driven, direct, confident
- **I (Influence):** Sociable, enthusiastic, expressive
- **S (Steadiness):** Loyal, calm, methodical
- **C (Conscientiousness):** Detail-focused, analytical, rule-following

Option 2: Sharks, Dolphins, Whales & Urchins

- **Sharks:** Driven, competitive, assertive (production-minded)
- **Dolphins:** Fun, friendly, positive energy (culture-minded)
- **Whales:** Caring, empathetic, want to help (patient-focused)
- **Urchins:** Detail-oriented, analytical, need clarity (systems/process-focused)

CORE RESPONSIBILITIES OF A DENTAL OFFICE MANAGER

Top Responsibilities of a Dental Office Manager:

- **Production:** Monitor daily, weekly, and monthly production goals.
- **Collections:** Ensure financial conversations are clear and balances are collected.
- **Daily Schedule:** Oversee the flow of the day, eliminate bottlenecks, and reduce no-shows.
- **Patient Satisfaction:** Ensure every patient understands treatment and leaves happy.
- **Scheduling:** Prioritize same-day treatment and follow-ups.



DELEGATION VS. DIRECT OVERSIGHT

Delegated vs. Direct Oversight:

Tasks Delegated to Front Desk:

- Confirming appointments
- Greeting and checking in patients
- Entering new patient info and scanning document

Tasks Handled by the Manager:

- Insurance verification and breakdowns
- Presenting treatment plans
- Addressing patient issues and escalations

HANDLING CANCELLATIONS AND NO-SHOWS

Handling Cancellations and No-Shows:

- Collect a 50% deposit for major procedures to secure commitment.
- After the second cancellation or no-show, charge a per-hour fee.
- Reinforce the value of doctor time and track repeat offenders.

TRAINING FRONT DESK FOR FIRST IMPRESSIONS

Training Front Desk Staff for First Impressions:

- Begin with an orientation on values, mission, and expectations.
- Use a checklist reviewed item by item; both manager and employee sign off.
- Store checklist in HR file and revisit during evaluations.
- Reinforce training until staff member demonstrates full understanding



COMPLIANCE, HR & LICENSURE OVERSIGHT

Compliance, HR, and Licensure:

- Maintain med waste logs, x-ray permits, and fire extinguisher checks.
- - Track all licenses, DEA, NPI, malpractice, and CPR certifications.
- - Store up-to-date staff records: W-4s, I-9s, CE credits, HR docs.
- - Handle hiring, layoffs, and schedule management (especially in single-office locations).

MORNING HUDDLES & DAILY READINESS

Morning Huddles and Daily Readiness:

- Complete chart prep the night before.
- Cover in the huddle:
 - Emergency visits
 - New patient details and concerns
 - Unhappy patients flagged for resolution
 - Balances and payment plans
 - Production/collection numbers and goals