

Insurance 101 - Best Practices

1. Ensure all staff knows any and all specifics of the insurance or vision plan
2. Establish clear procedures for submitting clean claims. This begins when making the appointment
3. Exact procedures must be followed at patient check in
4. Procedures must be in place for all insurance or vision plans to be verified, if possible, 7 days or a minimum of 24 hours prior to appointment
5. When in doubt use an ABN
6. All patients over 18 must provide names of anyone who may have access to their records
7. Submit all claims, rejections and denials daily
8. Access all Clearinghouse Online Reports daily
9. Use your clearinghouse dashboard to monitor claim payment process
10. Claims should pay in 30 days
11. Strong protocols in place will be a key to keeping accounts receivables balances low
12. Routine vision authorizations need to be submitted daily or removed weekly
13. EVERY OFFICE NEEDS AN INSURANCE MANUAL
14. Communicate with your team when a change has been made to any document in the Insurance Manual
15. Update Insurance Manual with new information
16. Review Insurance Manual with staff regularly
17. Store your Insurance Manual in the GOOGLE DRIVE