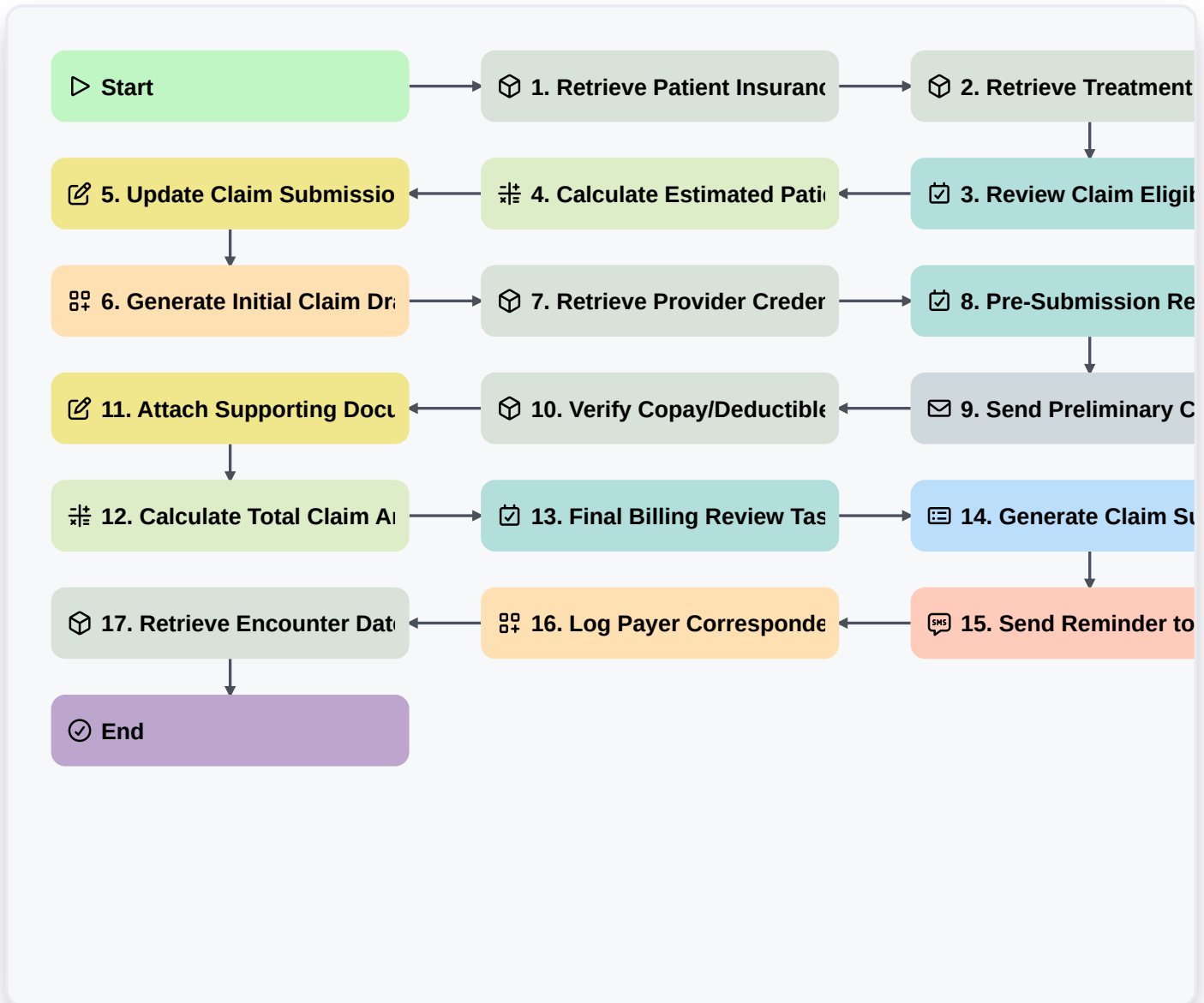


# Dental Insurance Claim Submission Workflow: Maximize Reimbursement & Minimize Errors



## Start

Start of the Workflow/Process.

### 1. Retrieve Patient Insurance Details

Get primary insurance policy and contact information from the Patient Data Model.

### 2. Retrieve Treatment Plan Details

Get necessary services and associated codes (CDT codes) from the Treatment Plan Model.

### 3. Review Claim Eligibility Task

Assign a task to the Billing Specialist to verify patient coverage and deductible status.

### 4. Calculate Estimated Patient Responsibility

Execute formula:  $(\text{Total Cost} - \text{Insurance Coverage})$  to determine patient portion.

### 5. Update Claim Submission Status

Update the Claim Record Model with the current submission status (e.g., 'Submitted', 'Denied', 'Paid').

## **6. Generate Initial Claim Draft**

Create a new draft entry in the Insurance Claim Model using gathered service and patient data.

## **7. Retrieve Provider Credentials**

Fetch necessary provider NPI and Tax IDs for the claim submission.

## **8. Pre-Submission Review Task**

Assign task to the Office Manager to review required supporting documents.

## **9. Send Preliminary Claim Status Email to Patient**

Notify the patient with an estimated out-of-pocket cost before submission.

## **10. Verify Copay/Deductible Thresholds**

Check current payer guidelines against service codes to anticipate potential claim rejections.

## **11. Attach Supporting Documentation**

Link necessary records (X-rays, consent forms) to the claim file.

## **12. Calculate Total Claim Amount**

Sum all associated service unit charges from the treatment plan.

## **13. Final Billing Review Task**

Require final sign-off from the billing supervisor before sending to payer.

## **14. Generate Claim Submission Report**

Create a structured report detailing all billed services and associated codes for audit purposes.

## **15. Send Reminder to Complete Missing Forms**

Send an SMS reminder to the patient if required forms are missing for accurate billing.

## **16. Log Payer Correspondence**

Create a log entry for any communication received from the insurance company (EOB/ERA).

## **17. Retrieve Encounter Dates**

Gather the date of service to ensure the claim falls within the current benefit period.

## **End**

Start of the Workflow/Process.