DELTA DENTAL®

Patient-friendly benefit conversations: A guide for your dental team

Help improve patient care through proactive communication about their treatment plans, costs and benefits coverage.

Start with these 6 crucial steps:

#1 Preparing treatment plans

- **Verify patient benefits** using Provider Tools: Check eligibility, coverage types (preventive, basic, major), annual maximums, deductibles and frequency limits.
- **Identify which services** are covered, partially covered or not covered under the patient's plan.
- **Document planned procedures** with accurate CDT codes.
- **Provide a written treatment plan** including:
    - o Estimated costs
    - o Insurance breakdown
    - o Patient share
    - o Obtain signed financial consent before starting care.

Tip: Patients appreciate seeing it in writing. It sets clear expectations and avoids surprises.

#2 Obtaining pre-treatment estimates

Pre-treatment estimates (PTEs) help your patients understand what's covered and what's not, before they commit to care.

Best practices:

- Submit a complete treatment plan with corresponding CDT codes.
- Include all required documentation (e.g., radiographs, clinical notes).
- Submit electronically via Provider Tools for faster processing.
- If a treatment plan changes after the estimate is accepted by the patient, ensure the patient understands why and obtain consent for the change and any updated financial obligations.

#3 Answering patient questions proactively

Patients often don't know what to ask. Be ready to walk them through:

- What is the procedure and why is it needed?

- Will my insurance cover this?
- Are there non-covered portions of the service?
- How much will I owe out-of-pocket?
- Will this be completed in one visit or multiple?
- Can treatment be phased over time to manage costs?
- Will I need follow-ups?
- Are there more affordable, covered alternatives?
- Can I take home a treatment plan and cost estimate?
- How should I prioritize procedures if I can't do them all at once?

Tip: Patients value transparency, even when coverage is limited.

#4 Explaining coverage in plain language

Use empathetic, simple explanations to reduce confusion. Here are some simple conversation starters your team can use:

- "Your plan includes preventive care like cleanings and exams. Other services like fillings may require a deductible or copay."
- "We'll submit a cost estimate first so you can review everything before starting treatment."
- "This service isn't covered under your plan, but we can go over alternatives."
- "Your plan covers a <<service/material>>. Some patients prefer <<alternative service/materials>> or we may recommend <<alternative service/materials>> based on your needs. If you choose the upgrade, your plan will contribute the amount it would for <<covered service/material>>, and you would be responsible for the difference. We're happy to provide a detailed estimate to support your decision."

Tip: Speak clearly and avoid jargon. Focus on helping patients make informed choices.

#5 Answering treatment-related questions

Many patients also ask clinical questions. Be prepared to explain:

- What does the procedure involve?
- Why is it necessary (and if alternatives exist)?
- How many appointments are required?
- What will recovery be like?
- What are the pain management steps?
- What does the aftercare look like?
- What documentation they'll receive to take home?

#6 Documenting and timely submissions

Complete and accurate documentation protects your practice and supports faster resolution of any issues that may arise.

Best practices:

- Signed treatment plans and cost breakdowns
- Signed financial consent forms
- Clinical records (e.g., x-rays, chart notes, narratives)
- Notes from coverage conversations, especially when discussing options

Tip: Avoid delays and ensure a smoother process by submitting documents on time.

Key reminders for staff

Staff training checklist:

- Knows how to verify patient benefits using Provider Tools
- Understands how to explain pre-treatment estimates
- Uses clear patient-friendly language
- Reviews and collects signed financial consents before treatment
- Documents coverage conversations and patient preferences

Common insurance terms to help patients understand their benefits:

Term	What it means
Annual Maximum	The most the plan will pay for covered services in a benefit year
Deductible	The amount the patient pays before coverage starts
Frequency Limitation	How often a service (e.g., cleanings) is covered

Need help?

- Use Provider Tools to check real-time eligibility, submit estimates and track claims.
- Contact your Provider Concierge for personalized assistance.

Share this guide with your team and print a copy for your front office.

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