CROWNHART DENTAL CONSULTING

Dental Insurance Profit Leak Checklist

A practical self-check for delayed revenue, preventable rework, and insurance follow-up burden.

1. WORKFLOW SELF-CHECK

☐ Benefits verified before treatment	☐ Insurance aging reviewed at least weekly
☐ Eligibility and active coverage confirmed for the applicable date of service	☐ Claims over 30 days reviewed and assigned for follow-up
☐ Deductibles, maximums, frequency/waiting limits, and authorization requirements checked when applicable	☐ Timely-filing and appeal deadlines tracked before revenue becomes unrecoverable
☐ Coordination of Benefits verified when applicable	☐ Denied claims appealed when appropriate
☐ Practice full fee reported on claims; contractual reductions handled separately	☐ EOB/ERA payment, patient responsibility, and adjustment reasons reviewed before posting is finalized
☐ Claims scrubbed before transmission	☐ Contracted allowances checked against the current fee schedule when discrepancies appear
☐ Required narratives, radiographs/photos, and attachments included when indicated	☐ Secondary claims completed and final contractual adjustments posted only after applicable plans process
☐ Claims submitted promptly after services are completed	☐ Payer follow-up documented with date, representative/reference number, outcome, and next action
☐ Rejected, failed, or unaccepted transmissions corrected promptly	☐ Outstanding claims tracked until resolved

2. CLAIM AGE VS. COLLECTION EFFORT

CLAIM AGE	BUSINESS IMPACT	TYPICAL COLLECTION EFFORT
0-30 Days	Low	Routine processing and minimal follow-up
31-60 Days	Moderate	Additional status review or verification
61-90 Days	High	Increased follow-up, documentation, or denial resolution
91-120 Days	Very High	Significant staff time and continued loss of access to earned revenue
120+ Days	Critical	Most resource-intensive, with greater collection risk and administrative cost

KEY TAKEAWAY The claim balance may not change, but its value to the practice can decline as payment is delayed. Money received sooner can be used for payroll, supplies, overhead, and growth, while aging claims may require more paid staff time for follow-up, corrections, resubmissions, documentation, and appeals.

IMPORTANT **An aging claim is not automatically lost revenue. Identify and resolve revenue at risk before it becomes a confirmed final loss.**

3. COMMON INSURANCE REVENUE & CASH-FLOW LEAKS

- Claims waiting for narratives or attachments
- Rejected or failed transmissions left unresolved
- Unworked insurance aging
- Coordination of Benefits or secondary-claim errors
- Incorrect subscriber or eligibility information
- Missed timely-filing or appeal deadlines
- Contracted-allowance discrepancies or unrecovered underpayments
- Adjustments/write-offs posted before all applicable plans process
- Claims repeatedly touched without a documented next action
- Avoidable payer-payment processing or percentage-based fees

WHAT TO DO NEXT: If three or more workflow items are unchecked, prioritize the oldest unresolved claims first, assign an owner and next action, then correct the process that allowed the claim to age. Payer rules and contract terms vary; verify requirements for the plan involved.

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