

Evaluate and review Insurance and Patient AR current, 30, 60, 90+

1. Review services being billed, are they billed same day? If not average amount of days until filed.
2. All claims over 30 days been worked and what notes support reasons for delay in payments.
3. Insurance claim notes done correctly, could they be improved to insure less denials and proper payment?
4. Denials being appealed, and how quickly.
5. All services that will be processed and paid are attached to insurance claims and filed.
6. Claims paid properly and if not, have they been re submitted for proper payment.
7. Insurance payments entered in a timely manner, and proper adjustments or write offs given based on EOB's
8. Billing to patients done same day as payment from insurance entered, co-pays paid up front based on estimates.
9. Collections are handled in a timely manner, patient billing going out on the first or second week of the month, three times and demand letter sent.
10. Review of 20+ requested EOB's (if not scanned into system please fax)
11. Payments received from insurance plans are entered correctly and deposited to bank in timely matter. Do you have an electronic check scanner? Credit card batch done daily?
12. Bank records match day sheet deposit records

Evaluation of recall systems- Hygiene and sleep patients. If office has third party recall and appointment reminder system (smile reminder, demand force etc.) need log in information -user name and password

1. Recall set up for exams, x-rays, perio and regular hygiene patients.
2. Sleep patients are also in the system for 6 month or yearly recall based on doctor's protocol.
3. Recall is being worked and followed up on, patients are pre scheduled, and unscheduled list

Evaluation of treatment planning and follow up systems in place

1. Review of treatment plan report; is it up to date and accurate or outdated and not cleaned up? For example, a patient was treatment planned for possible filling and or crown, then crown was completed but filling was never removed from treatment plan.
2. Is there a system in place for follow up on cases presented and not completed
3. Do patients have pre-auths for treatment of sleep apnea but not scheduled? Are reasons noted and placed in a file for follow up.

Front office phone skills- Secret shopper call, record and score results.

Your doctor has chosen to have a full office audit of systems and work flow in regards to the front office, accounting and scheduling. This is not meant to be threatening or insulting in any way. Our mission is to help you and your doctor be as efficient and profitable as possible. Your full cooperation is required, but your time required is limited. We will remote into your system with web access during business hours and you can see everything we are doing. Reports will be pulled and printed and included in your office report and final grade. We will ask for 20+ selected EOB's to review, if benefits and pre-auth are not scanned into your system we may also ask for additional information.

Please fill out the following information:

What dental software do you use? _____

User name _____ Password _____

Audit trail user name _____ Password _____
(to be called in by doctor only, front office should not have access to this information)

How many operator's do you have in your office? (please circle) 2 3 4 5 6 7 8 9 10+

How many team members in your office? _____
Doctors: ____ Associate doctors: ____ Hygienist: ____ Assistants: ____ Administrative: ____

The days and hours your practice is open _____
Monday __: __ Tuesday __: __ Wednesday __: __ Thursday __: __ Friday __: __ Saturday __: __

Is your office or doctor contracted with any dental insurance plans? Y or N
If yes please list the companies: _____

Do you have additional software for dental sleep medicine? Y or N

If yes name of software _____

User name _____ Password _____

Do you use and outside billing company for dental billing? Y or N

If yes name of billing company and contact information

Phone _____ Email _____

Do you use and outside billing company for medical billing? Y or N

If yes name of billing company and contact information

Phone _____ Email _____

Do you have an outside patient communication system (Smile reminder/ demand force)

Login website _____

User name _____ Password _____

Office Email used by front office – you may call this in and change password daily for added security- we will also access email from a secure web access so you can see what we are doing at all times.

User name _____ Password _____

GoGo Billing Office Audit

Your security is our priority and HIPAA agreement is required prior to audit. For added security you may choose not to give any user names and passwords, we would need to have someone available at time of remote access to enter user names and passwords for us. All reports pulled from your systems will be included in your final grade report scanned and emailed to the doctors' personal email. GoGo Billing agrees to shred all reports that may be printed after final grade is issued.

Grade system:

A = Perfection and you are the above and beyond team.

B = Very competent and organized but some things may be improved for greater patient care, efficiency and cash flow

C = Intentions are good but many improvements needed, further training or adding an additional employee based on amount of production and work to be completed. We may also suggest solutions that will not require additional team members.

D = Overwhelmed, not efficient or systems are not in place and/or followed. Extensive training or additional team member may be needed based on amount of work produced by back office.

F = Severely under producing, making blatant errors, possible fraud or embezzlement (intentional and/or non intentional)

I _____ authorize GoGo Billing to audit my office files as intended for the evaluation of my office.

Authorized Signature: _____

Date: _____