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

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

Start with these 6 crucial steps:

#1 Preparing treatment plans

- **Verify patient benefits** using Provider Tools: Check eligibility, coverage details, 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 current CDT codes.
- **Provide a written treatment plan** including:
    - Total treatment costs, including optional/alternate services
    - Delta Dental expected payment
    - Patient responsibility
    - 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 pre-treatment estimate: to Delta Dental 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 their plan cover this?
- Are there non-covered portions of the service and how much will they owe out of pocket?
- Will this be completed in one visit or multiple?
- Can treatment be phased over time to manage costs?
- Will they need follow-ups?
- Are there more affordable, covered alternatives?
- Can they have a copy of the treatment plan along with estimated costs?
- How should procedures be prioritized if they 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 pre-treatment 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 does post-visit care involve?
- Will they be provided with instructions for home care?
- What should they do if they're in pain after the visit?

#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:

- Create an account to use Provider Tools
- Attend a Provider Tools webinar
- Know how to verify patient benefits using Provider Tools
- Understand how to explain pre-treatment estimates
- Use clear patient-friendly language
- Review and collect 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.
Copayment (Copay)	The fixed amount a patient pays for a specific dental service.
Deductible	The amount the patient pays before Delta Dental starts to pay for services.
Frequency Limitation	How often a service (e.g., cleanings) is covered.
Pre-treatment Estimate	A cost breakdown of what the dental plan covers and out-of-pocket costs a patient would pay for their proposed treatment.

Need help?

- Use Provider Tools to check real-time eligibility, submit estimates and track claims.
- Contact us at **providertools@delta.org** for personalized assistance.

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

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HL_PPO #546750 (8/25)