Process Web Dental Application Details

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PROCESS WEB DENTAL APPLICATION DETAILS TUTORIAL

SOP#:_____   **Revision/Version:** 1.0
Effective Date: 2013

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Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Process Web Dental Application Details

Policy: This tutorial serves as a standard operating procedure for processing dental application details for web indications.

Purpose: To provide insurance agents with step-by-step instructions so that they can process web dental application details.

Scope: This tutorial covers processing web dental application details.

Responsibilities: Insurance agents are responsible for the tasks contained in this tutorial.

Definitions:

Overview: This tutorial was created to help insurance agents process dental application details for web indications.

Printed 4/8/2014 11:06 AM

System Requirements

System Requirements

This tutorial assumes that the user:

1. Has access to the internet

Browsers and Operating Systems:

OnLine-PL is optimized to work on all of the following, prominent browsers:
- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Dental Application works best on all of the following operating systems:
- Windows XP or greater
- Mac OS X, 10.5 or greater

System Requirements

Overview

Overview

This document was developed to assist agents in processing dental application details for web indications.

This document contains one main section:

- **I. Process Application Details**

RELATED TUTORIALS:

- QUICK START: Generate Dental Indication Online
- TUTORIAL: Generate Dental Indication Online
- QUICK START: Process Web Dental Application Details
- QUICK START: Complete Dental Application Online
- TUTORIAL: Complete Dental Application Online
- QUICK START: Bind/Pay By Check | Issue Policy
- TUTORIAL: Bind/Pay By Check | Issue Policy
- QUICK START: Bind/Pay By Credit Card | Issue Policy
- TUTORIAL: Bind/Pay By Credit Card | Issue Policy
- QUICK START: Confirmation Email
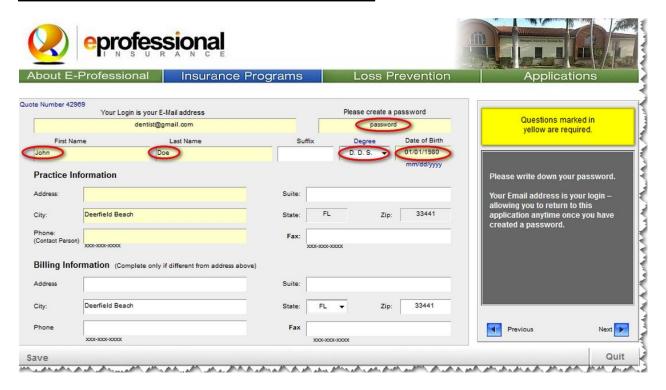- TUTORIAL: Confirmation Email

PART I--PROCESS APPLICATION DETAILS

PART I--PROCESS APPLICATION DETAILS

This section illustrates how to process web dental application details.

1. Process Application Details | Practice / Billing Information

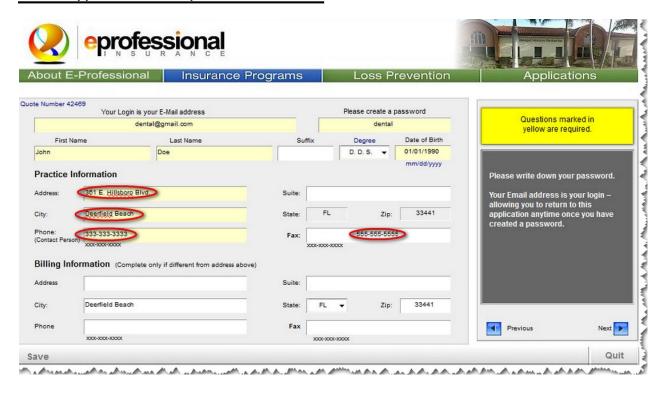**Process Application Details | Practice / Billing Information**

1. Type the applicant's password into the designated field.

2. Type the applicant's first name into the designated field.

3. Type the applicant's last name into the designated field.

4. Click to select the applicant's degree from the designated dropdown menu.

5. Type the applicant's birth date (MM/DD/YYYY) into the designated field.

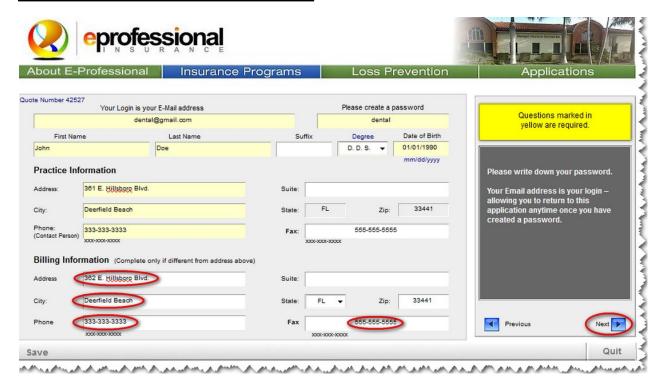# 2. Process Application Details | Practice Information

Process Application Details | Practice Information

1. Type the applicant's practice address into the designated field.

2. Type the applicant's practice city into the designated field.

3. Type the applicant's practice phone number (XXX-XXX-XXXX) into the designated field.

4. Type the applicant's practice fax number into the designated field, if applicable.

3. Process Application Details | Billing Information

Process Application Details | Billing Information

NOTE: Only complete this section if the billing information differs from the practice information.

1. Type the applicant's address into the designated field.

2. Type the applicant's city into the designated field.

3. Type the applicant's phone number into the designated field.

4. Type the applicant's fax number into the designated field, if applicable.

5. Click on the **Next** button. The Process Application Details | Business Structure page displays.

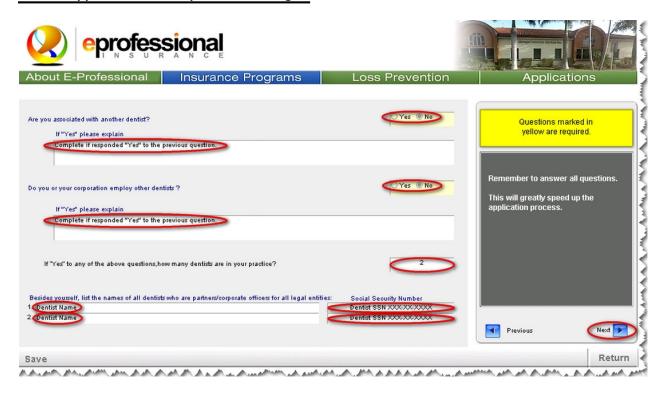# 4. Process Application Details | Business Structure Page

Process Application Details | Business Structure Page

1. Click to select all business structure options that apply to the applicant.

2. Type the applicant's national provider ID number into the designated field, if applicable.

3. Type the date of incorporation into the designated field if selected incorporated for the practice business structure.

4. Type the applicant's legal entity name into the designated field.

5. Type the applicant's primary contact name into the designated field.

6. Click to select whether the applicant has other dentists working under a written contract with them or their corporation to provide services. **NOTE:** If responded "Yes," type an explanation into the designated field.

7. Click to select whether the applicant is providing services under contract to another dentist. **NOTE:** If responded "Yes," type an explanation into the designated field.

8. Click on the **Next** button. The Process Application Details | Affiliations Page 1 page displays.

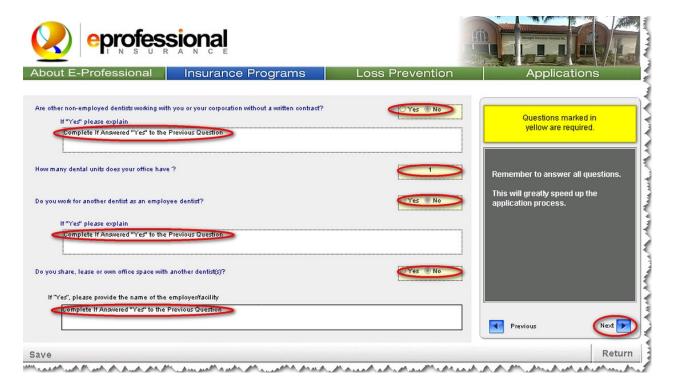# 5. Process Application Details | Affiliations Page 1

Process Application Details | Affiliations Page 1

1. Click to select whether the applicant is associated with another dentist. **NOTE:** If responded "Yes," type a detailed explanation into the designated field.

2. Click to select whether the applicant or their corporation employs other dentists. **NOTE:** If responded "Yes," type a detailed explanation into the designated field.

3. Type the number of dentists in the applicant's office into the designated field if responded "Yes" to either of the previous questions.

4. Type the additional dentist(s) names and social security number(s) into the designated fields. **NOTE:** Type an entry for every dentist that is a partner/corporate officer(s) for all legal entities.

5. Click on the **Next** button. The Process Application Details | Affiliations Page 2 page displays.

6. Process Application Details | Affiliations Page 2

Process Application Details | Affiliations Page 2

NOTE: Type an explanation into the designated fields for any "Yes" responses to the following questions.

1. Click to select whether the applicant has "other non-employed dentists" working with them or their corporation with or without a written contract.

2. Type the number of dental units within the applicant's office.

3. Click to select whether the applicant works for "another dentist as an employee dentist."

4. Click to select whether the applicant shares, leases or owns office space with another dentist.

5. Click on the **Next** button. The Process Application Details | Schooling / Certification page displays.

7. Process Application Details | Schooling / Certification

Process Application Details | Schooling / Certification

1. Type the dental school the applicant graduated from into the designated field.

2. Click to select whether the applicant is "certified by an approved specialty board."

If responded "Yes" to the previous question, answer the following questions:

3. Type the date (MM/DD/YYYY) the applicant was certified by an approved specialty board into the designated field.

4. Type whether the applicant is "Board Certified," "Board Eligible," or their practice limitations into the designated field.

5. Click on the **Next** button. The Process Application Details | Licensing page displays.

8. Process Application Details | Licensing Page

Process Application Details | Licensing Page

1. Type the applicant's patient mix by percentage into the designated fields. **NOTE:** The total entered into the Adults and Children fields must equal 100.

2. Click to select whether the applicant has a physician or surgeon in their practice.

3. Type the applicant's state and license numbers into the designated fields, and click to select the related status, if applicable.

4. Type the applicant's narcotics/DEA number into the designated field.

5. Type the applicant's anesthesia permit number into the designated field.

6. Type the applicant's National Provider ID number or FEIN into the designated field.

7. Type the last four digits of the applicant's social security number into the designated field.

8. Type the applicant's current insurer name into the designated field.

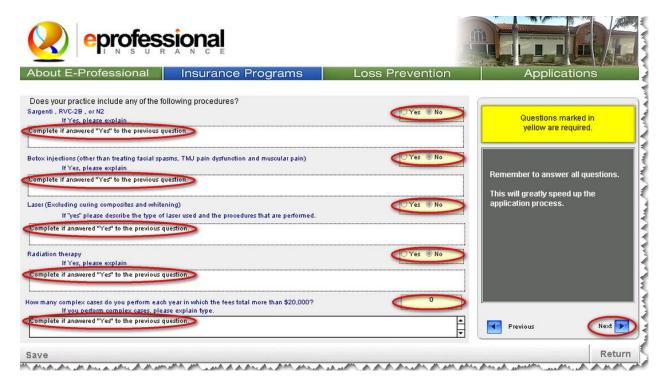9. Click to select the applicant's current limits from the dropdown menu.

10. Type the applicant's current annual premium into the designated field.

11. Click to select whether the applicant has ever had a lapse in insurance coverage. **NOTE:** If responded "Yes," type an explanation in the designated field.

12. Click on the **Next** button. The Process Application Details | Procedures page displays.

9. Process Application Details | Procedures Page
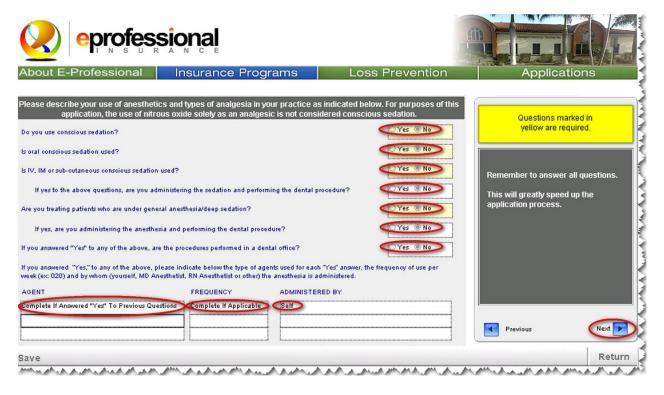
Process Application Details | Procedures Page

NOTE: Type an explanation into the designated fields for any "Yes" responses to the following questions.

1. Click to select whether the applicant's practice handles Sargenti, RVC-2B or N2 procedures.

2. Click to select whether the applicant's practice handles botox injections (other than treating facial spasms, TMJ pain dysfunction and muscular pain).

3. Click to select whether the applicant's practice handles laser, other than curing composites and whitening.

4. Click to select whether the applicant's practice handles radiation therapy.

5. Type how many complex cases the applicant performs each year with fees totaling more than $20,000.
   NOTE: If the applicant responded that they perform complex cases, type a detailed explanation into the designated field.

6. Click on the **Next** button. The Process Application Details | Anesthetics/Analgesia page displays.

10. Process Application Details | Anesthetics/Analgesia

Process Application Details | Anesthetics/Analgesia
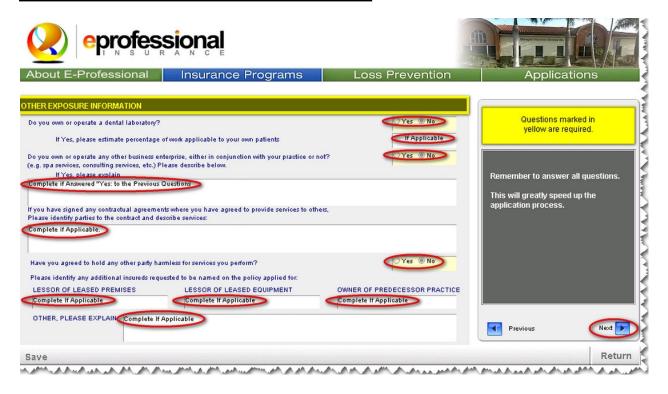

1. Click to select whether the applicant uses conscious sedation.

2. Click to select whether the applicant uses oral conscious sedation.

3. Click to select whether the applicant uses IV, IM or sub-cutaneous sedation. **NOTE:** If responded "Yes," click to select whether the applicant administers the sedation and performs the dental procedure.

4. Click to select whether the applicant treats patients under general anesthesia or deep sedation. **NOTE:** If responded "Yes," click to select whether the applicant administers the anesthesia and performs the dental procedure.

If responded "Yes" to any of the questions above, answer the following:

5. Click to select whether the procedures are performed in a dental office.

6. Type the kind of agent, how often they are used every week, and click to select who administers the anesthesia.

7. Click on the **Next** button. The Process Application Details | Other Exposure Information page displays.

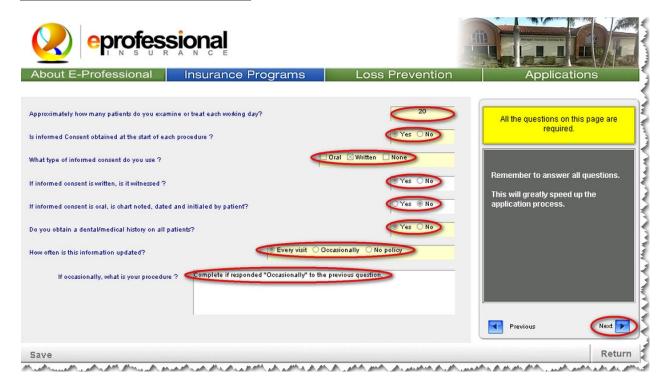# 11. Process Application Details | Other Exposure Information

Process Application Details | Other Exposure Information

1. Click to select whether the applicant owns or operates a dental laboratory. **NOTE:** If responded "Yes," type an estimated percentage of work applicable to the applicant's patients.

2. Click to select whether the applicant owns or operates any other business enterprise, either in conjunction with the practice or not. **NOTE:** If responded "Yes," type a detailed explanation into the designated field.

3. For any signed, contractual agreements, type a description of services and identify parties in the designated field.

4. Click to select whether the applicant has agreed to hold any other party harmless for services performed.

5. Type a line entry into the designated fields to identify any additional insureds requesting to be named on the policy, if applicable.

6. Type an additional explanation into the designated field, if applicable.

7. Click on the **Next** button. The Process Application Details | Consent page displays.
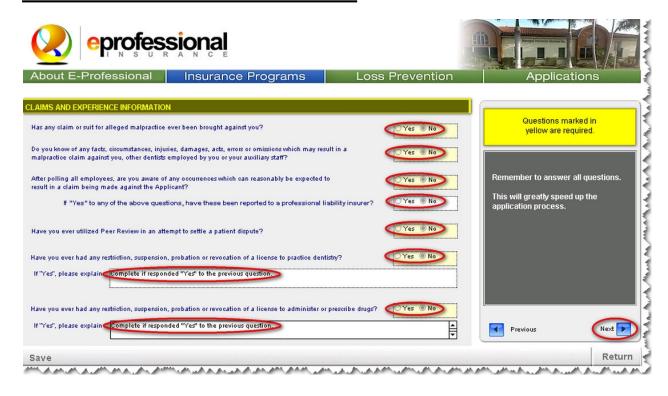
12. Process Application Details | Consent

Process Application Details | Consent

1. Type how many patients the applicant examines or treats each working day into the designated field.

2. Click to select whether the applicant obtains informed consent prior to each procedure.

3. Click to select the applicant's type of informed consent. **NOTE:** Click to select oral and written if both apply.

4. Click to select whether informed, written consent is witnessed. **NOTE:** Select "No" if the applicant does not use written, informed consent.

5. Click to select whether informed, oral consent is "chart noted, date and initialed by patient." **NOTE:** Select "No" if the applicant does not use oral, informed consent.

6. Click to select whether the applicant obtains a dental/medical history on all patients.

7. Click to select how often the applicant updates patient dental/medical history. **NOTE:** If selected "Occasionally," type an explanation of the applicant's procedure into the designated field.

8. Click on the **Next** button. The Process Application Details | Claims and Experience Information page displays.

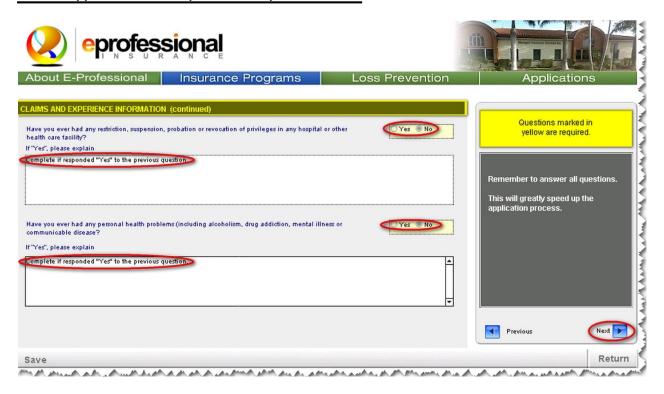# 13. Process Application Details | Claims & Experience Info

Process Application Details | Claims & Experience Info

1. Click to select whether a claim or suit for alleged malpractice has ever been brought against the applicant.

2. Click to select whether the applicant knows of any facts, circumstances, injuries, damages, acts, errors or omissions which may result in a malpractice claim them, dentists employed by them or their auxiliary staff.

3. Click to select whether the applicant is aware of any occurrences which can be reasonably expected to result in a claim being made against the applicant.

4. If responded "Yes" to any of the questions above, click to select whether the circumstances described have been reported to a professional liability insurer.

5. Click to select whether the applicant has ever utilized peer review in an attempt to settle a patient dispute.

6. Click to select whether the applicant has ever had any restriction, suspension, probation or revocation of a license to practice dentistry. **NOTE:** If responded "Yes," type an explanation into the designated field.

7. Click to select whether the applicant has ever had any restriction, suspension, probation or revocation of a license to administer or prescribe drugs. **NOTE:** If responded "Yes," type an explanation into the designated field.

8. Click on the **Next** button. The Process Application Details | Claims and Experience Information Page 2 page displays.

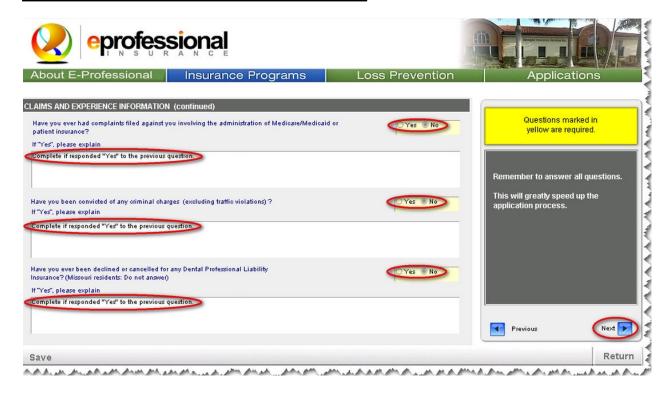# 14. Process Application Details | Claims & Experience Info 2

Process Application Details | Claims & Experience Info 2

1. Click to select whether the applicant has ever had any restriction, suspension, probation or revocation of privileges in any hospital or other health care facility. **NOTE:** If responded "Yes," type an explanation into the designated field.

2. Click to select whether the applicant has ever had any personal health problems, including alcoholism, drug addiction, mental illness or communicable disease. **NOTE:** If responded "Yes," type an explanation into the designated field.

3. Click on the **Next** button. The Process Application Details | Claims and Experience Information Page 3 page displays.

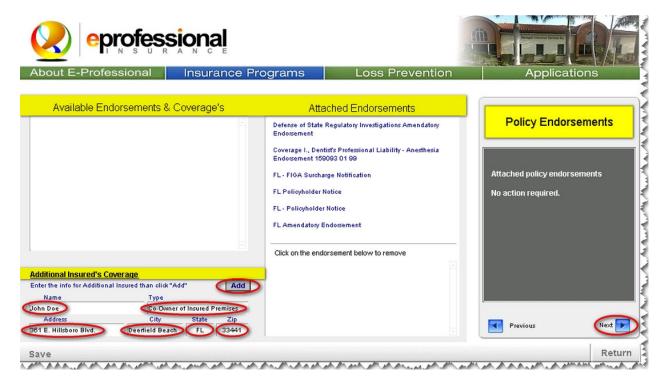# 15. Process Application Details | Claims & Experience Info 3

Process Application Details | Claims & Experience Info 3

1. Click to select whether the applicant has ever had any complaints involving the administration of Medicare/Medicaid or patient insurance filed against them. **NOTE:** If responded "Yes," type an explanation into the designated field.

2. Click to select whether the applicant has ever been convicted of any criminal charges. **NOTE:** If selected "Yes," type an explanation into the designated field.

3. Click to select whether the applicant has ever had their dental professional liability insurance declined or canceled. **NOTE:** If responded "Yes," type a detailed explanation in the designated field.

4. Click on the **Next** button. The Process Application Details | Additional Insured's Coverage page displays.

16. Process Application Details | Additional Insured's Coverage

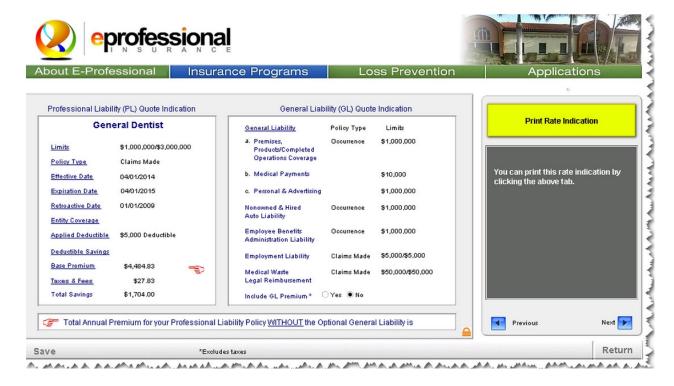**Process Application Details | Additional Insured's Coverage**

NOTE: This page only applies if additional insureds require coverage.

1. Type the additional insured's name into the designated field.

2. Click to select the insured type from the dropdown menu.

3. Type the additional insured's address into the designated field.

4. Type the additional insured's city into the designated field.

5. Click to select the additional insured's two-letter state code from dropdown menu.

6. Type the additional insured's 5-digit zip code into the designated field.

7. Click on the **Add** button.

8. Repeat steps 1-7 until all additional insured's have been entered.

9. Click on the **Next** button. The Process Application Details | Professional Liability Quote Indication page displays.

17. Process Application Details | Prof. Liability Quote Indication

Process Application Details | Prof. Liability Quote Indication

1. Review the indications.

This concludes the Process Application Details portion of this tutorial.

Revision History

Revision History:

Revision:	Date:	Requested By:	Description of Changes:	Signature:

Revision History