

TUTORIAL: Generate Dental Indication Online

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GENERATE DENTAL INDICATION ONLINE TUTORIAL



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

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Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Generate Dental Indication Online

Policy: This tutorial serves as a standard operating procedure for generating dental indications online.

Purpose: To provide instructions for generating dental indications online.

Scope: This tutorial covers generating dental indications online.

Responsibilities: Insurance agents are responsible for generating dental indications online.

Definitions:

Overview: This tutorial was created in 2014 to help insurance agents generate dental indications online.

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

Overview

Overview:

This document was developed to assist agents in generating dental indications online.

This document contains one section:

- [I. Generate Indication](#)

RELATED TUTORIALS:

- QUICK START: Generate Dental Indication Online
- QUICK START: Process Web Dental Application Details
- TUTORIAL: 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 Emails
- TUTORIAL: Confirmation Emails

PART I--GENERATE INDICATION

PART I--GENERATE INDICATION

This section illustrates how to generate a dental indication online.

1. Generate Indication | Begin Quote

Generate Indication | Begin Quote

The screenshot displays the 'DENTAL PROFESSIONAL LIABILITY QUOTE' page on the Fireman's Fund Insurance Company website. The page is divided into several sections:

- NEW:** A form for new users to enter a 5-digit zip code. The zip code '33441' is entered, and the 'Get Instant Quote >' button is circled in red.
- RENEWAL:** A form for returning users to enter a Web Renewal Code and click 'Start Renewal Application >'.
- WEB ACCESS NUMBER:** A form for users with a Web Access Code to click 'Log In >'.
- RETURNING:** A form for returning users to enter a User ID and Password, with a 'Submit >' button. A note states 'Your user ID is your e-mail address'.

On the right side, the Fireman's Fund Insurance Company logo is displayed, along with the text 'A company of Allianz'. Below this, a 'CHOOSE DOCUMENT TO VIEW' section lists three links: 'PL Occurrence Specimen Policy with GL', 'PL Claims Made Specimen Policy with GL', and 'Dental PL Insurance Coverage Highlights'. At the bottom, there is a 'Logout' link and a footer containing the date '3/28/2014 12:58:05 PM', the address 'Demo Agency 361 East Hillsboro | 100 Deerfield Beach, FL 33064', and a 'Logout' link.

1. Type the applicant's five-digit zip code into the designated field.
2. Click on the **Get Instant Quote** link. The Generate Indication | General Questions page displays.

2. Generate Indication | General Questions

Generate Indication | General Questions

Specialty: General Dentist 80211-50

Policy Type: Claims Made Limits: [D] \$1,000,000/\$3,000,000

Eff. Date: 04/01/2014 Retro. Date: 01/01/2009

Do you administer I.V. Conscious Sedation, I.M. Conscious Sedation, or Sub-cutaneous conscious sedation as well as perform the dental procedure: Yes No

Do you administer and treat patients under I.V. or I.M. conscious sedation or deep sedation or general anesthesia: Yes No

Do you perform non simple extractions of full or partially bony impacted teeth: Yes No

[a] 10% or more of my practice consists of cosmetic dentistry excluding simple bleaching: Yes No

[b] 25% or more of my practice consists of surgical placement of implants: Yes No

[c] 25% or more of my practice is in the area of oral surgery with no full or partial bony extractions: Yes No

| CDT Code | Percentage |
|--------------------------------|------------|
| Diagnostic | 100 |
| Preventive | 0 |
| Restorative | 0 |
| Endodontics | 0 |
| Periodontics | 0 |
| Prosthodontics (Removable) | 0 |
| Maxillofacial Prosthetics | 0 |
| Implant Services | 0 |
| Prosthodontics (Fixed) | 0 |
| Oral and Maxillofacial Surgery | 0 |
| Orthodontics | 0 |
| Adjunctive General Services | 0 |

Date you first started practicing as a dentist? enter as mm/dd/yyyy: 01/01/1980

Save Quit

1. Click to select the applicant's specialty from the designated dropdown menu.
2. Click to select the applicant's policy type from the designated dropdown menu.
3. Click to select the applicant's limits preference from the designated dropdown menu.
4. Type the applicant's effective date into the designated field.
5. Type the applicant's retro date into the designated field.
6. Click to select whether the applicant administers conscious sedation, I.M. conscious sedation or sub-cutaneous conscious sedation in addition to performing dental procedures.
7. Click to select whether the applicant administers and treats patients under I.V. conscious sedation, I.M. conscious, deep or general anesthesia.
8. Click to select whether the applicant performs non-simple extractions of full or partially bony impacted teeth.
9. Click to select whether 10% or more of the applicant's practice consists of cosmetic dentistry excluding simple bleaching.
10. Click to select whether 25% or more of the applicant's practice consists of surgical placement of implants.
11. Click to select whether 25% or more of the applicant's practice is in the area of oral surgery with no full or partial bony extractions.
12. Type the percentage of the applicant's practice that fall into the designated CDT code fields. **NOTE:** The figures must total 100, and all fields must contain an entry, which may be "0," if applicable.
13. Type the date the applicant first started practicing as a dentist into the designated field.
14. Click on the **Continue** button. The Generate Indication | Procedures page displays.

3. Generate Indication | Procedures

Generate Indication | Procedures

Does your practice include any of the following procedures? (continued)

How many full mouth reconstruction's (affecting more than 90% of the teeth in the mouth) do you perform each year? (enter a zero if none)

Please estimate the percentage of each surgical procedure provided in your total practice (based on numbers of procedures) on an annual basis. (enter a zero if none)

| | Estimated Percentage |
|--|--------------------------------|
| Implants | <input type="text" value="0"/> |
| Extractions of bony impacted, or partially bony impacted teeth | <input type="text" value="0"/> |
| Other dental cosmetic procedures (excluding biopsies, but including TMJ) | <input type="text" value="0"/> |

Other surgery, including non-dental procedures (describe): (LEAVE BLANK IF NONE)

Save 8021150 Quit

All the questions on this page are required.

Remember to answer all questions. This will greatly speed up the application process.

Previous Next

1. Type the amount of full mouth reconstructions, affecting more than 90% of the teeth, that the applicant performs each year. **NOTE:** Type a "0" if none are performed.
2. Type the percentages of each surgical procedure provided, based on total number of procedures performed annually, into the designated fields. **NOTE:** The total of all three entries must equal 100, to represent 100% of procedures. Type a "0" if none are performed.
3. Type a description of other dental procedures not represented in the above fields, if applicable.
4. Click on the **Next** button. The Generate Indication | Membership Certification page displays.

4. Generate Indication | Membership Certification

Generate Indication | Membership Certification

The screenshot shows the 'Generate Indication | Membership Certification' form on the eProfessional Insurance website. The form is divided into several sections with red circles highlighting specific fields and buttons. A yellow callout box on the right side of the form contains the following text:

Questions marked in yellow are required.

* A claim is defined as a specific written or verbal demand for payment of damages, or notice of any event reasonably expected to result in such a demand.

Such demands include, but are not limited to, the filing of a lawsuit, arbitration or any alternative dispute resolution demand. All demands arising out of a single incident shall be considered one claim.

Navigation buttons for 'Previous' and 'Next' are also visible, with the 'Next' button highlighted in red.

1. Click to select the applicant's academy of general dentistry classification from the designated dropdown menu.
2. Click to select the applicant's dental association or society membership from the designated dropdown menu.
3. Type the applicant's ADA membership number into the designated field if applicable.
4. Click to select whether the applicant has had more than 2 claims and/or any claim valued at \$500 or more since March 2009.
5. Type the number of hours per week the dentist practices into the designated field.
6. Click to select whether the applicant has taken a risk management seminar since 3/28/2011.
7. Type the date (MM/DD/YYYY) the applicant last attended a risk management seminar into the designated field.
8. If the applicant selected that they have not taken a risk management seminar since March 28, 2011, click to select whether they would like to receive additional risk management information.
9. Type a description of the applicant's current certification in cardiac life support and other emergency medical care into the designated field, if applicable.
10. Type the expiration date for the applicant's last certificate into the designated field.
11. Click to select a deductible from the designated dropdown menu, if desired.
12. Click on the **Next** button. The Generate Indication | Additional Credit Verification page displays.

5. Generate Indication | Additional Credit Verification

Generate Indication | Additional Credit Verification

The screenshot displays the 'eProfessional INSURANCE' application interface. The navigation bar includes 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The main form area contains several sections:

- Academy of General Dentistry classifications:** A dropdown menu is set to 'Member'.
- Select a dental association or society that you are a member of:** A dropdown menu is set to 'ADA - American Dental Associati...'.
- Member #:** A text input field is empty.
- Since Mar, 2009, have you had more than 2 claims and/or any claim valued at more than \$500? *** Radio buttons for 'Yes' and 'No' are present, with 'No' selected.
- How many hours per week do you practice (include lab work, patient visitation and consultation)?** A text input field contains '40'.
- Have you taken a risk management seminar since 3/28/2011?** Radio buttons for 'Yes' and 'No' are present, with 'No' selected.
- Date of last attendance. Enter as mm/dd/yyyy.** A text input field contains '01/01/2009'.
- If No, would you like additional risk management information?** Radio buttons for 'Yes' and 'No' are present, with 'No' selected.
- I am a Florida Dental Benefits provider.** Radio buttons for 'Yes' and 'No' are present, with 'No' selected.
- Please describe current certification in cardiac life support and other emergency medical care:** A text input field contains 'Complete if applicable'.
- Indicate expiration date of last certificate:** A text input field contains '03/01/2009'.
- To further reduce the cost of your premium, select a deductible from the dropdown menu. (Optional).** A dropdown menu is set to '\$5,000 Deductible'.

On the right side, a yellow box titled 'Verification of Additional Credit' contains the following text: 'In order to verify your eligibility for the special Demo Agency discount please enter your email address.' Below this text is an 'Email Address' field containing 'dentist@gmail.com', which is circled in red. At the bottom of this box are 'Previous' and 'Next' buttons, with the 'Next' button also circled in red. At the bottom of the main form area are 'Save' and 'Quit' buttons.

1. Type the applicant's email address into the designated field so that it can be used for verification of additional credit.
2. Click on the **Next** button. The Generate Indication | Dental Professional Liability Quote Indication page displays.

6. Generate Indication | Professional Liability Quote Indication

Generate Indication | Dental Professional Liability Quote Indication

3/27/2014 General Dentist
Professional Liability (PL) Quote Indication

| Specialty | General Dentist |
|--------------------|-------------------------|
| Limits | \$1,000,000/\$3,000,000 |
| Policy Type | Claims Made |
| Effective Date | 04/01/2014 |
| Expiration Date | 04/01/2015 |
| Retroactive Date | 01/01/2009 |
| Entity Coverage | |
| Applied Deductible | \$5,000 Deductible |
| Base Premium | \$4,432 |
| Total Savings | \$1,704 |
| Annual PL Premium | \$2,728 |

General Liability (GL) Quote Indication

| General Liability | Policy Type | Limits |
|---|-------------|-------------------|
| a. Premises, Products/Completed Operations Coverage | Occurrence | \$1,000,000 |
| b. Medical Payments | | \$10,000 |
| c. Personal & Advertising | | \$1,000,000 |
| Nonowned & Hired Auto Liability | Occurrence | |
| Employee Benefits Administration Liability | Occurrence | |
| Employment Liability | Claims Made | \$5,000/\$5,000 |
| Medical Waste Legal Reimbursement | Claims Made | \$50,000/\$50,000 |
| Annual General Liability Premium | | \$303.00 |

Applied Eligibility Discount = Yes

Do you want to include General Liability? Yes No

Print Rate Indication

General Liability

General Liability coverage is excluded from this rate indication as noted in your savings on the left

Click below to change

GL Include or Exclude

Previous Start Application

Save 8021150 Quit

1. Click to select or change whether the applicant wants to include general liability.
2. Click on the **Start Application** button.

This concludes the Generate Indication portion of this tutorial.

Revision History

Revision History

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