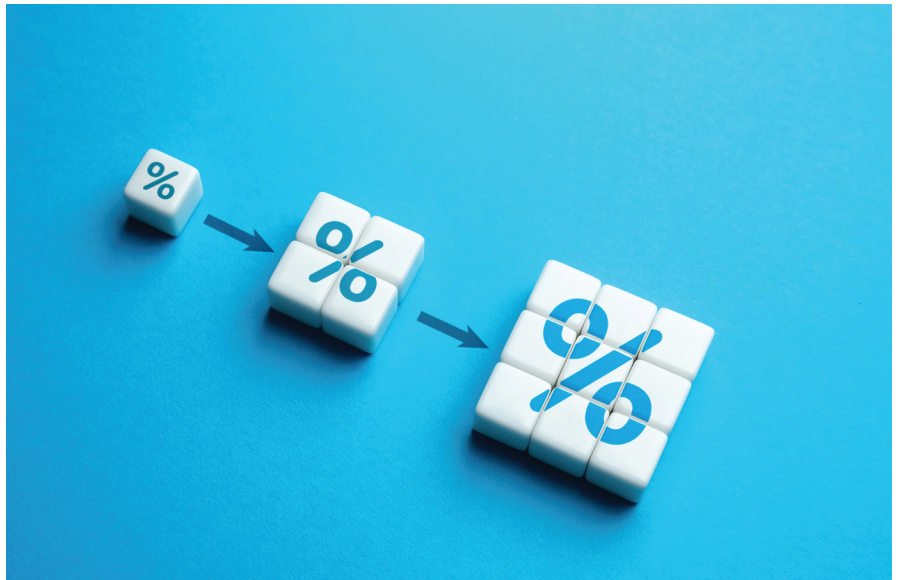


HOW TO MAXIMIZE INSURANCE REIMBURSEMENT SUCCESS

These practical strategies will strengthen your fee schedules, help you negotiate better contracts and improve cash flow.

When managing a dental practice, clinical expertise is only part of the equation. The other part – billing, collections, credentialing and insurance reimbursement – can determine whether a practice succeeds or struggles. According to the American Dental Association, nearly half of dentists say delayed or denied insurance payments present a major challenge, second only to staffing shortages.

In a 2025 Patterson Dental Navigate Business Services webinar, Harold Gornbein, founding partner of Apex Reimbursement Specialists, shared strategies to maximize insurance revenue and reduce the frustration of navigating payer relationships. Drawing on more than 40 years of industry experience, 30 on the insurance side, Gornbein emphasized that successful practices approach insurance reimbursement with the same precision they apply to patient care.



THE REVENUE ROADMAP: FIVE KEYS TO SUCCESS

Every dental practice depends on timely and accurate reimbursements to maintain healthy cash flow. However, according to Gornbein, few dentists receive training in how to manage this complex process. He outlined five interconnected areas that determine a practice's financial success.

1. Setting and maintaining appropriate fee schedules
2. Negotiating payer contracts
3. Managing credentialing and compliance
4. Performing accurate insurance verification
5. Ensuring efficient billing and collections

Each area, he noted, represents a potential revenue opportunity and a possible financial loss.

START WITH YOUR UCR FEE SCHEDULE

Every dental office should start by reviewing its usual, customary and reasonable (UCR) fees, which are the standard “cash” fee schedule used for uninsured patients and insurance claims. Too often, practices fail to update these rates or accidentally submit lower PPO fees to insurance carriers.

“When you submit a claim, always submit your UCR fee,” advised Gornbein. “If your PPO rate is lower and that’s what’s in your system, the insurance company will pay the lower amount.”

Apex frequently analyzes fee data from thousands of different practices from across the country, helping dentists compare their individual practice rates with regional averages. “Many practices,” Gornbein said, “find that their fees are below the 40th percentile when they should be closer to the 80th.”

“That difference can easily be \$200 or more per procedure,” he continued. “Multiply that by the number of times you perform that code in a month, and you start to see the impact on your bottom line.”

While most practices generate around 20% of revenue from cash-paying patients, these fees also affect negotiating power with insurers. Higher UCR rates can strengthen your position when renegotiating PPO contracts.

NEGOTIATE YOUR PPO CONTRACTS

One common myth Gornbein often encounters is that insurance fees are fixed and nonnegotiable. “When we started Apex back in 2012, I’d walk into practices and dentists would say, ‘You can negotiate your fees?’ Absolutely,” he said.

Every carrier and market differs but understanding which payers you’re contracted with and maintaining up-to-date records of those relationships is essential. Apex, for example, begins each negotiation by listing all payers, confirming network participation and comparing fee schedules across carriers.

“Knowing who you contract with and what you’re being paid is step one,” advised Gornbein. “Step two is building relationships with the payers. If you still know that original network recruiter from when you credentialed years ago, that’s the person to reconnect with.”

Data also play a vital role. When practices show how many patients they serve for a specific carrier and how their fees compare



TOP TIPS FOR MAXIMIZING INSURANCE REIMBURSEMENT

1. **Submit your UCR fee on every claim.** Never submit discounted PPO rates; insurers will pay the lower number.
2. **Review your fee schedule annually.** Aim for the 80th percentile in your market to stay competitive.
3. **Track your payer mix and know your data.** Identify top codes and focus negotiations where they matter most.
4. **Verify insurance twice.** Check eligibility seven days before and again three days before each visit.
5. **File claims daily and include attachments.** Clean claims get paid faster and reduce costly denials.
6. **Follow up within 15 days.** Don’t let unpaid claims age beyond 30 days without action.
7. **Switch to EFT payments.** You’ll get paid up to two weeks faster and improve cash flow.

If it’s not filed, you’re not getting paid

– Harold Gornbein, founding partner, Apex

to competitors, they gain leverage. Even small increases can have a significant impact.

In one example, Gornbein reported that a \$3 increase on a common code might not sound like much, but if that procedure is performed several times a day, every day, it adds up quickly.

Not every payer will negotiate, but persistence matters. “Just because they’re not negotiating today doesn’t mean they won’t in six months,” he said. “Keep knocking on that door.”

On average, Apex sees a 7% increase in reimbursable revenue for practices that actively pursue fee negotiations. For a \$1 million practice with \$500,000 in negotiable insurance revenue, that equates to roughly \$35,000 in additional income without changing staffing or patient volume.

KEEP CREDENTIALING CURRENT

Credentialing can prove incredibly tedious, but it’s essential for compliance and profitability. Outdated or incorrect credentialing may cause denied claims, delayed payments and even loss of patients if your participation status isn’t accurately listed in insurance directories.

“Credentialing appropriately in the right networks ensures you’re paid correctly and appear in-plan for the patients you want to attract,” explained Gornbein.

VERIFY INSURANCE – DON’T ASSUME

Few steps are as critical to revenue cycle management as insurance verification. It’s also one of the most frequently overlooked.

“Insurance verification is one of the most important things you can do to understand what to charge your patients and to help with treatment planning,” revealed Gornbein. “When you verify benefits accurately, your patients have confidence in what they’ll owe and you have confidence in getting paid.”

Although automated tools can accelerate the process, Gornbein emphasized the importance of the human touch. “AI tools are helpful, but they don’t replace a phone call,” he said. “Nothing replaces getting a full, detailed breakdown of what your patient is entitled to.”

He recommends verifying eligibility twice before each appointment, once a few days prior. Benefits can change quickly, and failing to verify can lead to denied claims and awkward patient conversations later.

Equally important is recording benefit details in your practice management system. That information allows everyone, from the front desk to the treatment coordinator, to provide accurate cost estimates and confidently present treatment plans.

BILL EFFICIENTLY AND COLLECT QUICKLY

Even the most skilled clinical teams can face challenges if billing and collections aren’t managed efficiently. Common problems include unfilled claims, missing attachments and inadequate follow-up on denials.

“You’d be amazed how often we find claims that were never submitted,” revealed Gornbein. “If it’s not filed, you’re not getting paid.”

THE APEX ADVANTAGE

Since 2012, Apex Reimbursement Specialists, a Patterson Dental Navigate Business Services partner, has helped over 4,500 dental practices nationwide improve their financial results. Using advanced data systems and a hands-on approach, Apex collaborates with practices of all sizes, from solo offices to large DSOs, to streamline reimbursement processes and enhance payer relationships. “Our clients often find hidden revenue they didn’t even realize they were missing,” said Gornbein.



To learn more about how Apex and other Navigate Business Services partners can help with common dental business challenges, visit pattersondental.com/navigate-solutions.

“Many practices find that their fees are below the 40th percentile when they should be closer to the 80th.”

– *Harold Gornbein, founding partner, Apex*

He recommends that practices submit claims daily, ideally at the end of each workday. To reduce denials, he noted the importance of including all necessary attachments (such as images or narratives) upfront.

Follow-up is just as crucial. Practices should produce weekly insurance aging reports, track claims older than 15 days and handle denials quickly. “Procrastination is the enemy of claims,” cautioned Gornbein. “If claims age out past 365 days, that money is gone forever.”

For billing teams, consistently posting payments is crucial. Whether they receive funds via paper EOBs or electronic transfers, posting payments promptly helps avoid patient confusion and keeps ledgers accurate.

MOVE TO ELECTRONIC FUNDS TRANSFER PAYMENTS

Switching from paper checks to electronic funds transfer (EFT) payments can greatly accelerate cash flow. On average, EFT payments arrive about two weeks sooner than paper checks, a vital difference for practices managing payroll or overhead costs.

“Getting paid faster can mean the difference between borrowing money for payroll or not,” said Gornbein. “EFT also saves time and reduces the chance of lost checks.”

Although some practices prefer the tangible feel of paper payments, the long-term benefits of EFT far outweigh the initial learning curve. Apex, for example, helps clients navigate payer-specific enrollment processes and trains staff to reconcile electronic payments with practice management software.

BRINGING IT ALL TOGETHER

Dental insurance reimbursement doesn’t need to be confusing or frustrating. By using a structured approach to fee management, payer negotiation, verification and billing, practices can recover the revenue they’ve already earned and strengthen their financial stability.

As Gornbein concluded, “Insurance companies can’t do it without you. You have leverage. The more organized, informed and proactive you are, the better your results will be.”

Whether it’s negotiating higher fees, managing credentialing, verifying benefits or improving claim accuracy, the right support can make a measurable difference. With an experienced partner, practices can simplify administrative complexity, reduce delays and focus more time on delivering patient care. ●

REFERENCE

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