



# What Is “Assignment of Benefits?”

A Special Report by Debra Moorhead  
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Let’s take a look at what “Assignment of Benefits” really means.

“I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity.”

Do you know where that statement exists? On the dental claim form. Depending upon which form you use the wording could be a little different, but it is there. Assuming that the patient signs in the appropriate location on your standard registration form, you will mark the corresponding box in your practice management software so that field is checked when the insurance claim is generated. But I still haven’t explained what it means, have I?

All it means is that the patient has agreed to allow their insurance benefits to be paid to the practice. They have “assigned” their “benefits” to you, the practice. For example, if a patient receives \$5,000 worth of dentistry and the insurance company will pay \$1,000 of that, the patient agrees to have the \$1,000 check sent to the practice.

While most dental offices still accept assignment of benefits from their patients, there are some insurance companies out there that will not assign benefits if you are non-participating. See – now it’s getting really good, isn’t it?

The insurance companies want to keep their costs down and will come up with sneaky little policies in an attempt to make dental practices charge less – much less – for our services. Is it fair? No. It’s business. Get used to it. So what some insurance companies will do is include a statement that says a dental practice must participate with a particular plan in order for the patient to receive benefits. In some cases, the insurance company will send the money to the patient, but in many cases these days, the insurance company won’t even do that – the patient receives nothing in benefits from the company if they attend a non-participating practice. Make sure you do your research on any company that is new to you.

Remember, three entities have to agree on assignment: the patient, the insurance company, and the practice. If any one party is unwilling to do this, the deal is off. How does that affect your practice? It means you need to collect all \$5,000 from your patient because he/she will receive the \$1,000 check from the insurance company. I do not know of one dental practice that has not been stung by the patient who fraudulently agrees to bring the check in but never does. We find out later the patient used the money for a down payment on a new car or something like that. It hurts, but we’ve all been there and we need to learn from it.

I hope you have enjoyed my article. What you have read is just a small part of the advice I give in my work consulting individual Dentists and their teams.

If you are having trouble collecting from insurance companies or your patients, you may be in the situation where you qualify to be one of the handful of new clients I will work with in the next 12 months.

But I've found through experience that there's only one way to be sure, and that is to have a short conversation on the phone.

In our conversation, I would ask you to tell me about your practice goals and experience, so I can assess whether this training is appropriate for you and your practice.

The initial conversation is no charge.

Just like you, my time is limited, but I would enjoy discovering if my advice can help you accomplish your goals and have the impact it has for my clients.

To find out about my availability for a no-charge, no-obligation conversation, please call my office at (606) 748-1570, or send me a short email at [Debra\\_M@alltel.net](mailto:Debra_M@alltel.net)

Thank you . . . I am looking forward to speaking with you.

Sincerely,

A handwritten signature in black ink that reads "Debra Maxhead". The signature is written in a cursive style and is underlined with a single horizontal line.