

RCM GATEWAY INC

We are a next-gen healthcare revenue cycle management company that combines state of the art processes with expert resources.

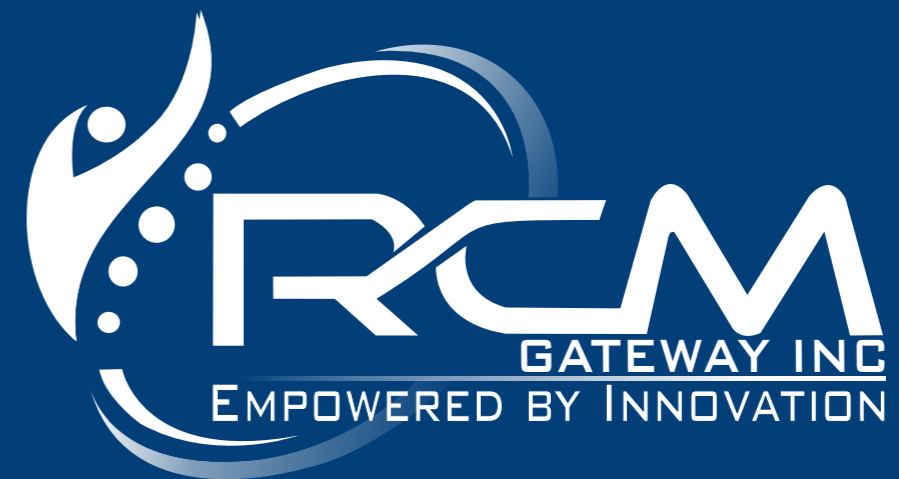
Dental Software

- DentiMax
- Dentrix
- Denticon
- Open Dental
- Curve Dental
- Umbie Dental Care
- Eaglesoft
- SoftDent



Benefits Of Outsourcing Dental Billing Services To Us

- Up to 40% reduction on operating cost.
- Guaranteed 99.98% accurate verification services.
- 30% improvement in account receivable time.
- 30% quicker turnaround time.
- Complete insurance data security and 100% HIPAA compliance.
- Increased number of clean claims.
- Increase in cash collections by reducing write-offs and denials.
- Robust infrastructure.



Contact us :

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8551 West Sunrise Boulevard,
Suite 101A, Plantation, FL 33322

+1 201-605-7374
[www.rcmgateway.com](#)
info@rcmgateway.com

Dental Billing Services



At RCM Gateway we know the recurring common dental billing issues that bother most offices. Leave all your dental billing concerns to RCM Gateway, so you could focus on providing quality dental care. Our dental billing services can efficiently handle all aspects of your dental billing collection.

With RCM Gateway your dental billing collections will increase, your payments will be posted accurately into patient ledgers, deposits will be matched with all EFTs, ERAs, and insurance credit cards. Adjustments will be taken based on Insurance plan participation.

From posting insurance payments to researching unpaid claims, our proven dental billing system ensures you collect from insurance companies what you produce.

Our billing Professionals are passionate about helping you avoid the headaches of dental insurance billing to assure that you collect 100% of the profit your practice generates.

When you choose RCM Gateway as your dental billing services Vendor, you are choosing to have a more productive and profitable office where you and your employees can focus completely on patient care.

Dental Insurance Verification Services

We start our insurance verification services by collecting documents & Details such as:

- A copy of the patient's dental insurance card.
- The date the patient is scheduled to receive dental treatment.
- Basic medical information about the patient.

After Receiving The Documents

- Manually verify insurance coverage with the insurer either by calling up or by checking online.
- Verify critical details, like effective dates, plan exclusions, type of plan, pre-authorizations, etc.
- Cross-check the gathered details with the billing system and updates it if required.

A Comprehensive Dental Insurance Verification Services Includes

- a. A verification form customized to your office's specific needs.
 - Multiple Verification options:
 - Less than 48-hour Emergency requests Specialist Verification Follow up –
 - Eligibility check/remaining maximums and deductibles Full Breakdown – New Patient, Plan or Year.
- b. Complete flexibility to opt for service on a daily or "As Needed" basis.

Our Insurance verification specialists verify

- | | |
|---|--------------------------------|
| • Effective Dates | • Downgrades/Limitations |
| • Individual Deductibles & Family Deductibles | • Necessary Documentation |
| • Yearly Maximums | • Claim Submission Information |
| • Deductible Met | • Phone number |
| • Waiting Periods | • Address |
| • Specific Codes
<small>(D0140, D0220, 4355, 4341, 4342, 4910, 2950/D2954, 2750, 9940, 9230 and so on)</small> | • Fax number |
| • Type of Plan/Fee Schedules | • Payor ID |
| • Coverage percentage by Category | • Last Date of Service |

When You Outsource Insurance Verification Services To Rcm Gateway, You'll Partner With An Expert Patient Insurance Verification Company That Is Extremely Skilled In Ensuring That You Have All The Required Information Regarding The Patient's Coverage, Insurance Eligibility And Patient's Out Of Pocket Costs Before The Point Of Service.

Dental Insurance Verification Services

- Eligibility verification service.
- All appointments on your schedule will be monitored and noted with the amount of the estimated portion based on eligibility, breakdown of benefits, and available funds from patient insurance.
- Sending electronic claims daily for primary and secondary insurances.
- Dental Credentialing and Fee Negotiation.
- Entering Fee Schedules into Your Dental Software.
- Correcting missing patient information.
- Deposit detail match and reconciliations.
- Payments from insurance companies posted daily.
- Appeal all denied claims.
- Verify procedures that are not attached to insurance claims.
- Electronic attachments.
- Missing information for a claim will be gathered by us.
- Insurance aging and report.
- All patients' ledgers will be analyzed, outstanding claims that are over thirty days old will be checked with insurance company; all outstanding balances from the patient's account will be displayed in patient's appointment box two days prior to the scheduled appointment.
- Patient's account receivable. We will send statements to your patients for the balances that are due. Once a month we will run a report for outstanding balances which are over thirty days.
- Sending of Electronic Statements.
- Sending of Custom Letters Requesting Payment.

CREDENTIALING SERVICES

- Credentialing is the process of adding a provider to a certain insurance company network. Credentialing is essential in the effort to communicate trust and quality to insurance providers who in turn refer patients to your practice making you 'in-network'.
- Credentialing involves verifying the qualifications of the doctors at your practice and doing so on the routine basis. This is often a tedious task and requires high levels of efficiency, accuracy, and available time.

OUR CREDENTIALING SUPPORT

Adding a new doctor to a practice or adding an existing doctor to a PPO plan – This requires an application to be filled out for each insurance company.

Multiple Locations – Credentialing a doctor for multiple locations must be completed, depending on the insurance company. Forms must be filled out, signed by the doctor, and administered to the insurance company.

Re-Credentialing – Re-Credentialing is necessary for most PPO insurance companies, typically every 3 years. Forms must be filled out, signed by the doctor, and administered to the insurance company.

Most Important: The credentialing timeline is different for each insurance company, as each insurance company has a provider relations department that works at different speeds. It can typically take a few weeks up to a few months, based on the insurance company.

Credentialing should take place prior to the doctor's start date. Any patients seen prior to the doctor's effective date will be considered "out of network." Application forms must be filled out, signed by the doctor, and administered to the insurance company.

Our credentialing experts can handle this crucial task for you while you focus on patient care. We're familiar with the communication needed with each insurance company's provider relations department and can guarantee fast and effective credentialing.

This will remove the delays and Hurdles of credentialing internally and allow us to fully manage it for you.