

Dental & Wellness Office Administration, 3rd edition

DENTAL & WELLNESS OFFICE ADMINISTRATION, 3RD EDITION

A Course Pack for ADMN 1340

CLAIRE PALVETZIAN AND NINA PEREIRA

Conestoga Open Learning
Kitchener



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PREFACE

This resource is meant to accompany the instruction of [ADMN1340 Dental and Wellness Office Administration](#), a level 2 course within the [Medical Office Practices](#) and [Health Office Administration](#) programs in the School of Business at Conestoga College.

- The chapters are divided into weekly content topics that highlight the course and unit outcomes.
- The summaries and practice activities are available to supplement and reinforce the course learning material and to prepare students for upcoming assessments.
- The activities can be attempted as many times as the student wishes without assigning a grade.

This third edition replaces [Dental & Wellness Office Administration, 2nd edition](#), with added topic coverage and activities.



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Special thanks to Alan Lotaquon, Animator – Media Services, who created the original illustrations for the second edition of this resource on behalf of Conestoga College.

AUTHOR ACKNOWLEDGMENTS

I have used many open educational resources in the courses I've taught and decided to take the opportunity to create one of my own for ADMN1340! The real inspiration for this project came from seeing how valuable OER are to both faculty and students, and I hope that this OER will positively impact this course moving forward.

Thank you to Nancy Weatherhead for the original idea of creating a resource for this course, and for taking the time to introduce the basic concepts to get me started on this project. Thank you also to Holly Ashbourne for hosting two great workshops that provided the foundational skills for creating a Pressbook and H5P's which aided in my development process.

- Claire Palvetzian

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Book cover design by Rachel Stuckey.

Book cover image [“Waiting Room in a Hospital”](#) by Los Muertos Crew on [Pexels](#).

Adaptation Statement

This resource is an updated edition of [Dental & Wellness Office Administration: Course Pack, 2nd edition](#), by Claire Palvetzian, published by Conestoga College Open Learning under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International](#) license in 2024.

In addition to minor editorial changes throughout, this edition includes the following substantive changes.

Summary of Adaptations

Chapter	Description of Changes
Week 1	New H5P flip card activity about dental office employment opportunities
	New H5P flip card activity for the dental conditions with images
Week 3	New summary table of dental procedures with images
	Table of dental procedures codes moved to week 7 to align with course delivery
Week 4	Description of odontogram symbols updated
Week 7	Table of dental procedure codes moved from week 3 to align with course delivery
	Added discussion of the birthday rule for insurance
	Streamlined coverage of the birthday rule for insurance
Week 12	Streamlined discussion of the coordination of benefits for children
	New H5P activity on the coordination of benefits for children
Week 13	New H5P flip card activity on optometry conditions with images

Artificial Intelligence Disclosure

Microsoft Copilot was used to support the editors of this resource in generating descriptions of anatomy and medical conditions for H5P activities and alternative text.

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Multiple Formats Available

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ABOUT THE AUTHORS

Claire Palvetzian

Claire Palvetzian first joined Conestoga College in January 2017 and has been teaching in the Medical Office Practices and Health Office Administration programs ever since! She has an undergraduate degree in Kinesiology and a master's in education, both from Wilfrid Laurier University. Claire's industry experience is in non-OHIP health and wellness offices, where she has worked with several different healthcare professionals; she also spent two years working in the insurance industry.

Nina Pereria

Nina Pereira first joined Conestoga College in September 2015 and has been teaching in the Medical Office Practices and Health Office Administration programs since that time. She is a dental and health office administrator as well as a level 2 certified dental assistant. Nina's industry experience spans both OHIP and non-OHIP health offices, with experience in dental offices, physician offices, and specialty offices. Nina also spends much of her free time advocating for persons with disabilities and offering support to parents with children who have new diagnoses of autism.

INTRODUCTION

Welcome to ADMN 1340 Dental and Wellness Office Administration!

This course pack replaces the traditional textbook and contains readings, videos, and activities to help you understand the course outcomes. The activities can be completed multiple times and serve as a great knowledge check or in preparation for upcoming graded assessments.

Enjoy!

WEEK 1: INTRODUCTION TO THE DENTAL OFFICE

Welcome to week 1 of ADMN1340! During the first half of this course (weeks 1-7) we will explore concepts specific to dental offices. The activities built into each week are meant to recap concepts learned through these chapters and during class. Although they will not be graded by your instructor, they are a great way to check in to see how you are grasping the content and to prepare for upcoming assessments.

MOP/HOA Employment Opportunities

There are several MOP/HOA employment opportunities and career advancements within the dental environment:

- Financial Coordinator
- Appointment Coordinator
- Treatment Coordinator
- Dental Business Assistant
- Dental Receptionist
- Dental Office Manager

We will be getting to know each of these roles in greater detail over the next seven weeks.

[You can review average pay for dental office administrator \[new tab\].on the Payscale website.](#)

Employment Opportunities Within the Dental Environment.

In class we reviewed the different employment opportunities and tasks associated with each job. Complete the activity below to test your knowledge of the different employment opportunities within the dental environment.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=26#h5p-36>

Dental Office Marketing Practices

Dental offices utilize unique marketing strategies to optimize their business. Remember that dental care (outside of emergency hospital treatment and some supplementary plans) is not covered by OHIP, and therefore these offices operate similarly to a business rather than a non-profit doctors' office.

Some examples of dental marketing include:

- Relationship marketing, e.g. thank you cards
- Internal Marketing, e.g. process improvement
- External marketing, e.g. advertisements

Question: How and why did you select the dental office that you last visited?

Perhaps through the recommendation of a friend or family member, the proximity to your home, the hours of operation and appointment availability, or the excellent customer service!

Dental Office Sterilization Techniques

Review the *Infection Prevention and Control (IPAC)* document below to identify the best practices for cleaning, disinfection, and sterilization techniques used in dental offices in Canada.

[IPAC Dental Checklist](#)

Two Common Techniques

Ultrasonic Cleaning: involves the use of high-frequency ultrasound waves to cleanse instruments in water. A cleaning solution is often added to assist in removing all visible debris. Instruments are clean but not sterile.

Autoclave Device: uses high-pressure steam to remove all bacteria, viruses, or fungi from dental instruments. Instruments would then be considered sterile and ready to be used on the next patient.

Watch this short video titled “[Dental Sterilization: The Autoclave and Ultrasonic](#)” to learn the difference between the two devices.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/dentalwellness3/?p=26#oembed-1>

The Dental Team

Table 1. The Dental Team Members and Their Various Roles

Team Member	Education	Scope of Practice	Regulatory College
Dentist (DDS – Doctor of Dental Surgery)	Must graduate from a dental postgraduate program and complete the National Dental Examining Board of Canada. May then choose to specialize by completing specialty training.	Evaluates, diagnoses, and treats diseases and disorders of the oral cavity. Legally responsible for the care of the client.	The Royal College of Dental Surgeons of Ontario
Registered Dental Hygienist	Must obtain a diploma in dental hygiene and complete the National Dental Hygiene Certification Exam.	Assesses periodontal health, performs prophylaxis, perform scaling, apply sealants or fluoride, processes radiographs, educates patients on dental hygiene.	College of Dental Hygienists of Ontario
Registered Dental Assistant Level 1	Must obtain a certificate from a dental assisting program.	Referred to as “Chair-Side.” Exchanges instruments with dentist, mixes dental materials.	Ontario Dental Assistants Association
Registered Dental Assistant Level 2	Must obtain a certificate from a dental assisting program. Must complete the National Dental Assisting Examination Board Exam.	Referred to as “Intra-oral.” Provides oral evacuation during procedures, takes impressions, applies topical sealants or anesthetics.	Ontario Dental Assistants Association

Dental Specialists

In class, we reviewed the 9 different specialties that a dentist may pursue to treat specific conditions or support a particular population of clients. Complete the activity below to check your knowledge of the 9 different dental specialists:



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=26#h5p-1>

References

[Average dental receptionist hourly pay in Canada](https://www.payscale.com/research/CA/Job=Dental_Receptionist/Hourly_Rate). (n.d.). PayScale. Retrieved March 20, 2023, from https://www.payscale.com/research/CA/Job=Dental_Receptionist/Hourly_Rate

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Public Health Ontario. (2019). [IPAC checklist for dental practice - Reprocessing of dental/medical equipment/devices \[PDF\]](https://www.publichealthontario.ca/-/media/Documents/C/2019/checklist-ipac-dental-reprocessing.pdf). Retrieved March 20, 2023, from <https://www.publichealthontario.ca/-/media/Documents/C/2019/checklist-ipac-dental-reprocessing.pdf>

Tooth Talk. (2022, November 15). [Dental sterilization: The autoclave and ultrasonic](https://www.youtube.com/watch?v=z7GGgDe2RBs&t=2s). [Video]. Youtube. <https://www.youtube.com/watch?v=z7GGgDe2RBs&t=2s>

WEEK 2: TOOTH STRUCTURE AND IDENTIFICATION

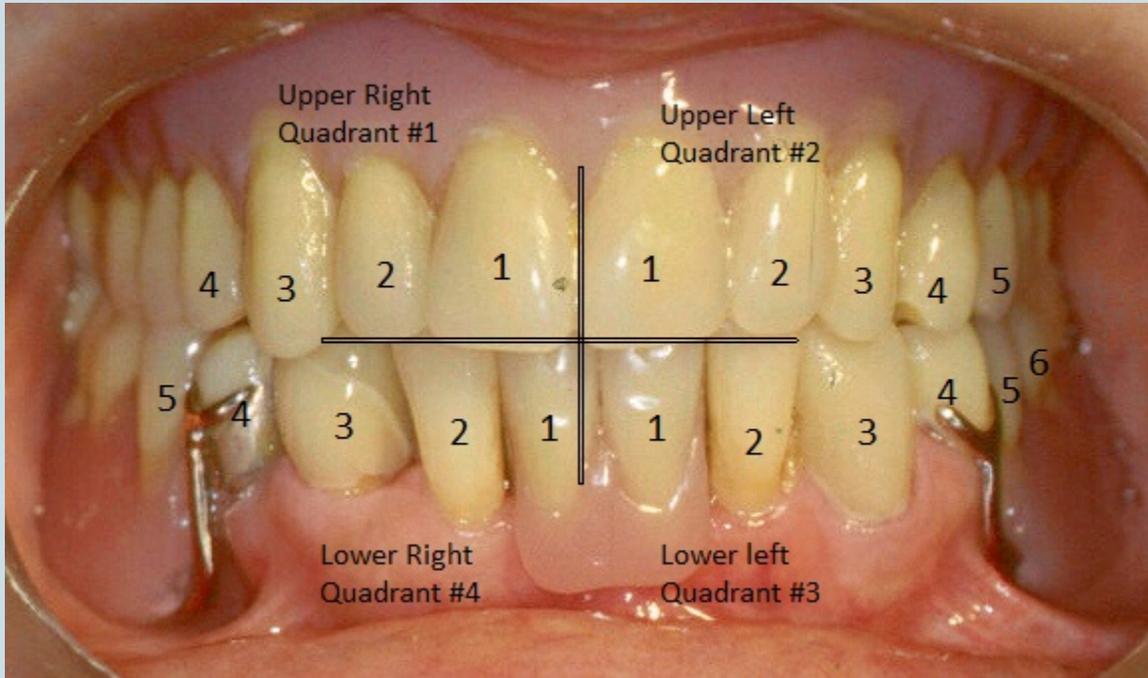
Welcome to week 2! During class you will become familiar with the anatomy of the mouth and teeth and learn about Canada's preferred dental tooth numbering system. This information will serve as an important foundation for future topics in this course such as dental conditions and procedures, charting, and insurance. There are several great knowledge checks available to you this week, so be sure to complete all the activities!

Dental Arches

The *maxillary arch* (upper arch) is part of the skull, and not capable of movement. The *mandibular arch* (lower arch) is moveable through the *temporomandibular joint* (TMJ). *Occlusion* refers to when teeth of both arches are in contact.

Dental Quadrants

The 2 arches are divided into 4 equal sections called quadrants.



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Use your knowledge of the upper and lower arch names to fill in the correct dental quadrant name below:

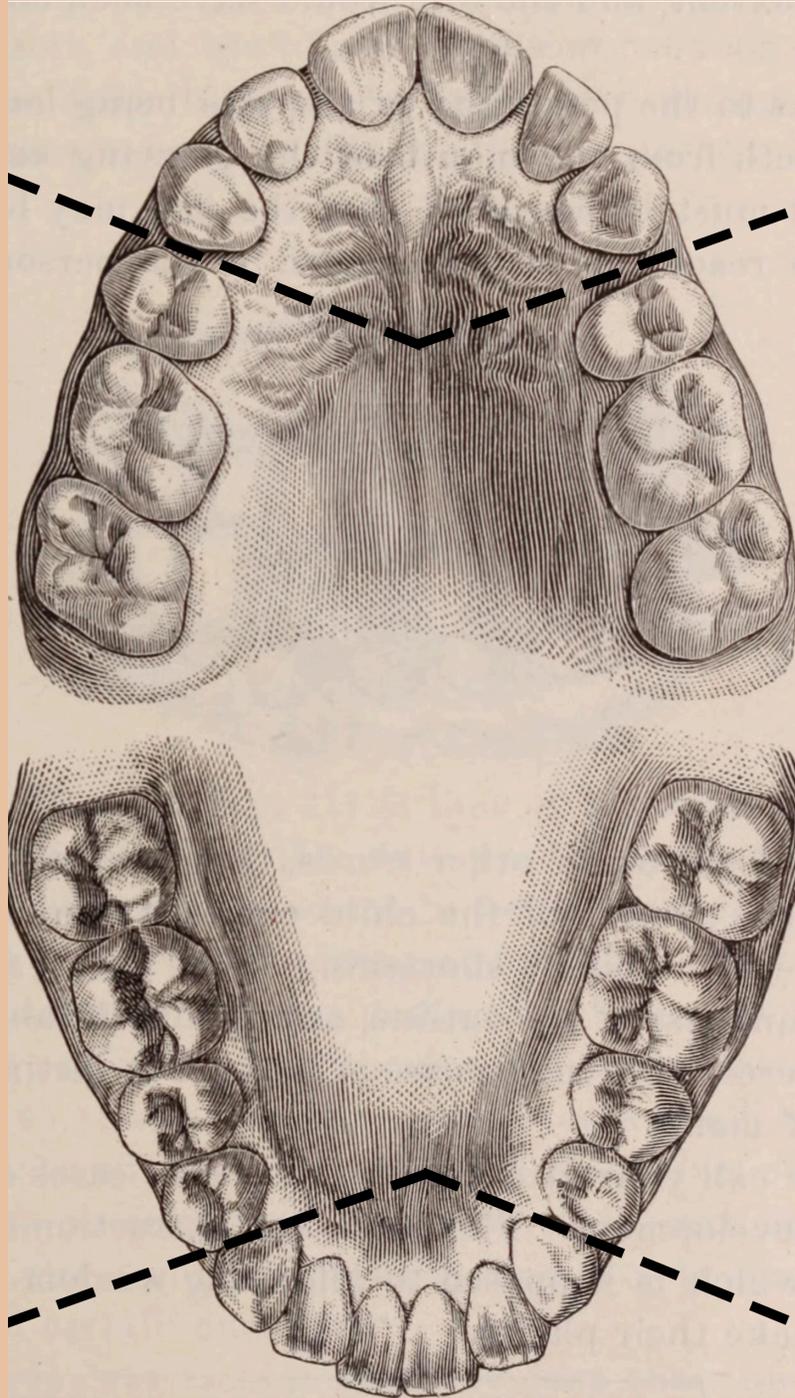


An interactive H5P element has been excluded from this version of the text. You can view it online here:

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Dental Sextants

The teeth are also divided into 6 equal parts called sextants. This includes upper front, left/right, and lower front, left/right.



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Use your knowledge of the upper and lower arch names to fill in the correct dental sextant names below:

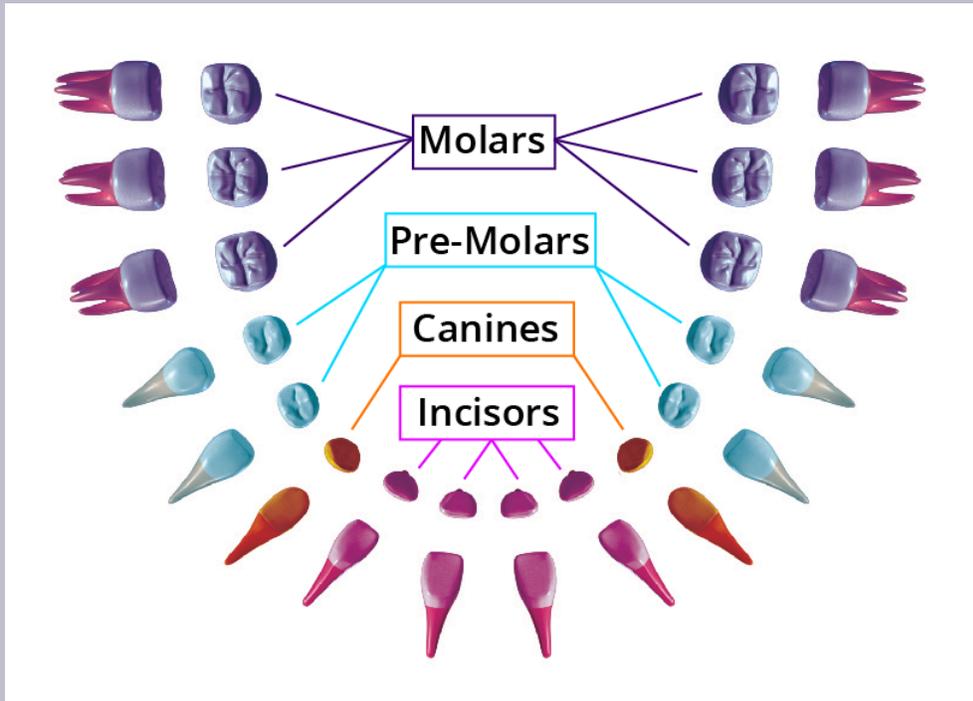


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Types of Teeth

The 4 Types of Teeth:



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Incisors (Pink): Made up of central incisors and lateral incisors. Single rooted with a thin edge.

Cuspids/Canines (Orange): The longest and most stable teeth with the longest roots.

Bicuspid/Premolars (Blue): Have a broad chewing surface designed to grind food.

Molars (Purple): Shorter and blunt with the largest surface for chewing.

Primary Vs. Permanent Dentition

Primary dentition is also known as deciduous dentition or baby teeth. These are the first set of 20 teeth that are usually present by age 2. The mandibular central incisors are among the first teeth to erupt, with mandibular molars among the last. Primary teeth can decay more quickly because the enamel and dentin are thinner. This means that good oral hygiene practices are even more important among children.

Mixed dentition refers to the period of time when children have a mixture of both permanent and primary teeth. Crowding may begin as the jawbones begin to grow to accommodate larger permanent teeth. This can cause pain, discomfort, and embarrassment due to differences in size and spacing.

Permanent dentition is also known as adult teeth. On average, this consists of 32 teeth and fully appear once the last primary tooth is shed by age 14. The exception is 3rd molars, which usually appear by age 18.

International Tooth Identification System

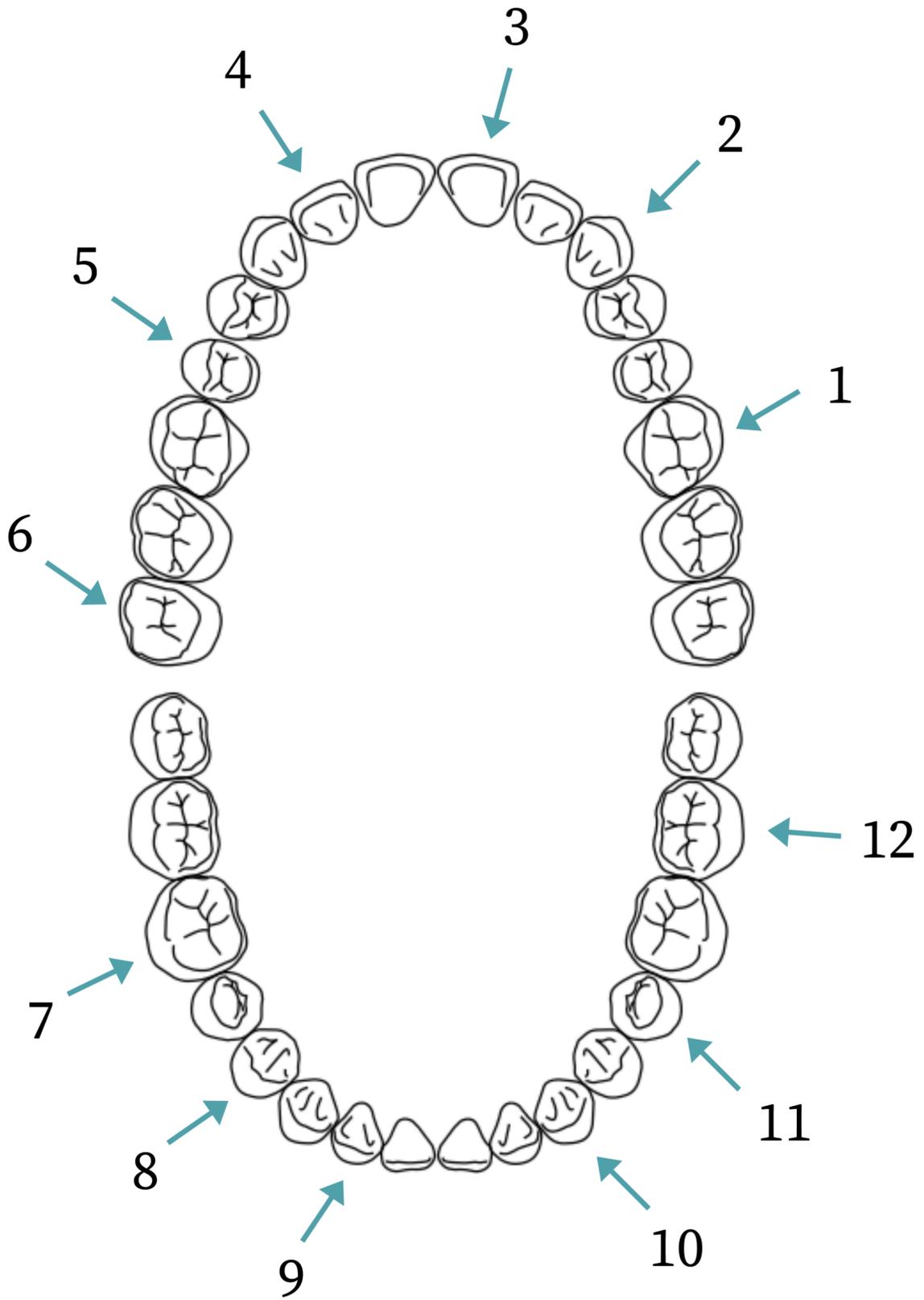
The *International (FDI) Tooth Identification System* is the most commonly used dental labelling system in Canada. The Universal Numbering System is commonly used in the United States. The Palmer Notation System is commonly used in the United Kingdom.

We will focus our learning material on the international (FDI) system.

Tooth labelling will come up again when we explore dental insurance!

Permanent Teeth and the International Tooth Identification System

Identify the permanent teeth using the International Tooth Identification System.



Credit: © Conestoga College, adapted from [Human dental arches by Kaligula – Wikimedia Commons](#), [CC BY-NC-SA](#).

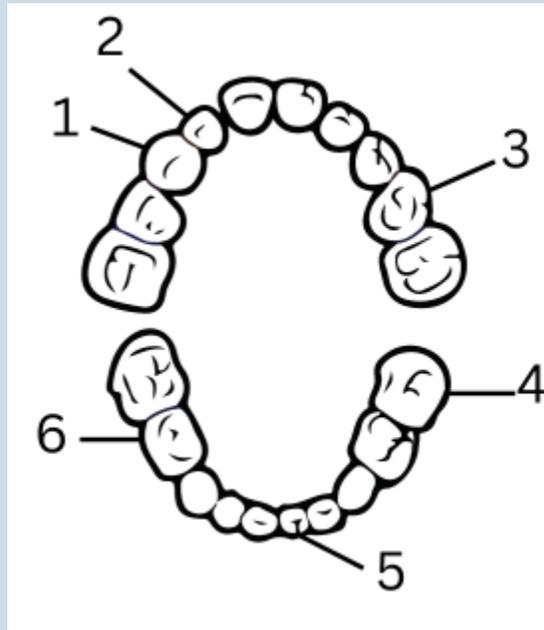


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Primary Teeth and the International Tooth Identification System

Identify the primary teeth using the International Tooth Identification System.



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An interactive H5P element has been excluded from this version of the text. You can view it online here:

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Tooth Surfaces

Each tooth has 5 surfaces.

Distal: the surface of the tooth further from the midline.

Mesial: the surface of the tooth closest to the midline.

Incisal (anterior) / Occlusal (posterior): the biting/chewing surface of the tooth.

Labial (anterior) / Facial or vestibular (posterior): the surface facing the inside of the face/cheek/gums.

Lingual / palatal: the surface of the tooth closest to the tongue

Tooth surfaces will come up again when we explore dental insurance!

Tooth Anatomy

Review the key components of tooth anatomy below:



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<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=33#h5p-6>

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Torres, H. O., Ehrlich, A., Bird, D. & Dietz, E. (2009). *Modern dental assisting* (9th ed.). W.B. Saunders Company.

Baillargeon, S. (2008). *Dental office administration*. Thomson Nelson.

WEEK 3: DENTAL CONDITIONS AND PROCEDURES

Your Module 1 assignment will have you explore a dental condition or procedure commonly found within the dental office. Below you will find images and descriptions of the more common dental conditions and procedures.

Dental Conditions



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=35#h5p-28>

Dental Procedures

Each dental procedure corresponds with a dental billing code. These are categorized into 9 different

branches of dentistry. The groupings and codes will be reviewed in week 7 when we discuss dental insurance.

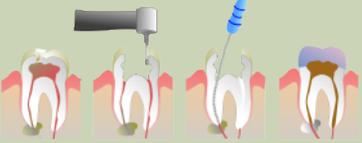
Below is a table that highlights 14 common dental procedures, each accompanied by an associated image.

Procedure Name	Procedure Description	Image
Inlays, and Onlays	Custom dental restorations that cover a portion of the anatomic crown of a tooth.	 Two dental crowns are shown side-by-side. Each crown has a gold-colored inlay or onlay restoration on its upper surface. The crowns themselves are white, and the background is a plain, light-colored surface.
Dental Crowns	Custom dental restoration that covers the entire anatomic crown of a tooth.	 A 3D digital rendering of a dental arch. Several teeth are shown with white, realistic-looking crowns. The gums are depicted in a pinkish-red color. The background is a soft, light gradient.
Dental Bridges	A fixed prosthetic device consisting of artificial teeth (pontics) that are supported by attaching them to abutment teeth (anchor teeth).	 A close-up photograph of a dental bridge. It features a central artificial tooth (pontic) supported by two natural-looking teeth (abutments). The bridge is made of a light-colored material, possibly porcelain or ceramic, and is set against a blurred background.

Procedure Name	Procedure Description	Image
Dental Restorations (Composite and Amalgam Fillings)	Dental restorations used to replace decayed tooth matter. Amalgam fillings are made of metal material and composite fillings are made of resin.	
Dental Veneers	A layer of tooth coloured material (composite or porcelain) that is bonded or cemented to the prepared tooth surface.	
Dental Implants	Artificial teeth attached to anchors that have been surgically embedded into the jawbone.	

Procedure Name	Procedure Description	Image
Dentures	A removable prosthesis to replace missing teeth within the same arch. Can be implant-supported.	
Dental X-rays	Radiographic images of the teeth and jaws that aid in diagnosis and treatment.	
Dental Scaling and Prophylaxis	A preventative dental procedure to remove hard and soft deposits from below and above the gumline.	

Procedure Name	Procedure Description	Image
Dental Sealants	<p>A dental procedure where a thin coating of composite filling material is used to seal the pits and fissures on posterior teeth to prevent dental caries.</p>	
Dental Extraction	<p>The removal of a tooth from its socket due to infection, fracture, gum disease or an impacted tooth.</p>	

Procedure Name	Procedure Description	Image
Root Canal Therapy	The removal of infected pulp from inside a tooth.	
Gum Grafting (Soft Tissue Grafting)	A dental procedure used to correct gum recession and root exposure.	

Procedure Name	Procedure Description	Image
Orthodontic Braces	A dental procedure used to align your bite and straighten crooked teeth.	

References

Baillargeon, S. (2008). *Dental office administration*. Thomson Nelson.

Ministry of Health and Long-Term Care (2016). [Healthy Smiles Ontario schedule of dental services and fees for dentist providers \[opens PDF\]](https://www.health.gov.on.ca/en/pro/programs/dental/docs/HSO_Schedule_of_Dental_Services_and_Fees-Dentist_Providers_en.pdf). https://www.health.gov.on.ca/en/pro/programs/dental/docs/HSO_Schedule_of_Dental_Services_and_Fees-Dentist_Providers_en.pdf

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WEEK 4: DENTAL CHARTING

Welcome to week 4! This week, you will spend some time reviewing earlier concepts about the teeth, including surfaces and labelling, and learn about the dental chart.

Review

Dental charting combines information from week 2 (tooth labelling) and week 3 (dental conditions and procedures).

Prior to moving forward, go back to weeks 2 & 3 in your course pack to complete the review exercises. This will ensure you have a strong foundation heading into dental charting!

Key Components of the Dental Chart

- Patient registration forms (medical and dental history, consent forms)
- Diagnosis and treatment plan documents
- Radiographs (x-rays)
- Financial information including private insurance
- Odontograms (chart used to indicate a client's existing and planned dental conditions and procedures)

Sample Dental Chart

This [screen capture of a dental chart on Wikipedia Commons \[opens new tab\]](#) includes several of the elements outlined above.

Dental Records



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=51#h5p-7>

Odontogram Views

There are 3 primary views on odontograms

- Facial/buccal: how the tooth appears at the front
- Occlusal/incisal: how the tooth appears from the biting surface
- Lingual: how the tooth appears from the tongue

Lingual

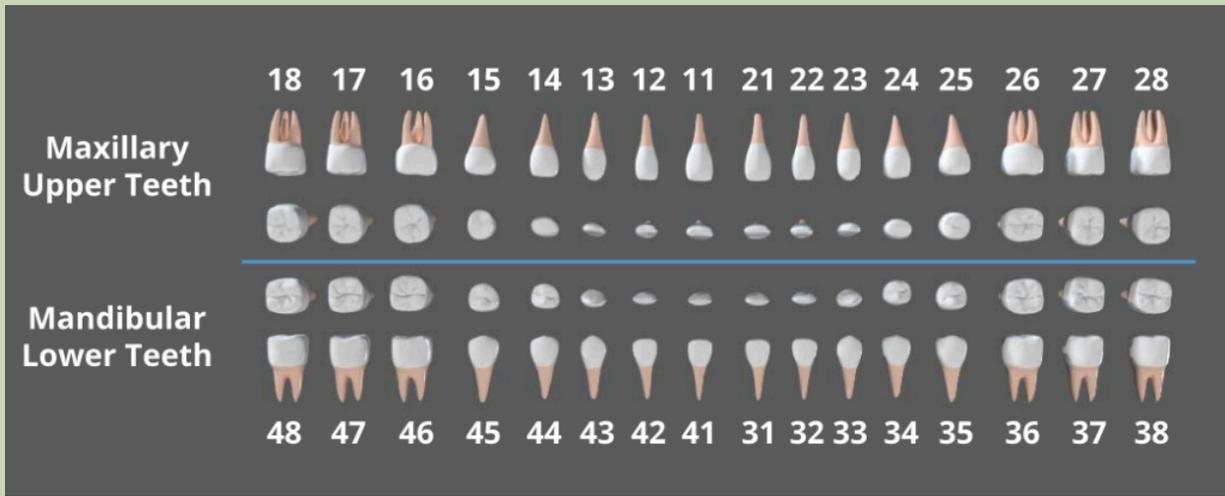


Occlusal



Facial

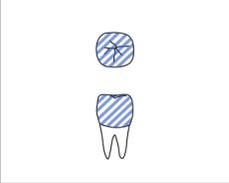
Sample Odontogram



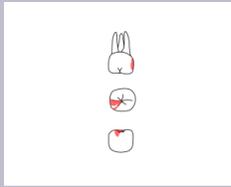
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Charting Symbols

Table 2. Common Charting Symbols and their Corresponding Abbreviations and Meanings

Symbol	Description	Abbreviation	Meaning
	<p>© Co ne sto ga Col leg e C C BY -N C- SA</p> <p>Blue shading</p>	Am	Amalgam filling present
	<p>© Co ne sto ga Col leg e C C BY -N C- SA</p> <p>Tan/green shading</p>	Cr	Composite resin filling present

Symbol	Description	Abbreviation	Meaning
--------	-------------	--------------	---------



©
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Red shading

n/a

Caries - tooth needs future filling



© Conestoga
College
CC
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Red dots

incip

Incipient caries (early decay)



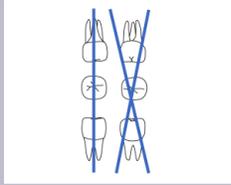
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S

Dental sealant was applied

Symbol	Description	Abbreviation	Meaning
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An X through the whole tooth

n/a

Tooth is missing/has been extracted

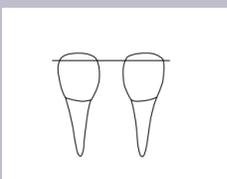


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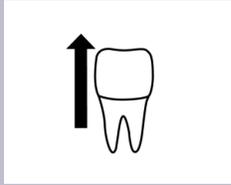
2 red lines through the root

RCT

Needs root canal therapy (If charted in black or blue then it has already been completed)

Symbol	Description	Abbreviation	Meaning
	<p>© Co ne sto ga Col leg e C C BY -N C- SA</p> <p>Small red circle at the base of the root</p>	n/a	Abscess
	<p>© Co ne sto ga Col leg e C C BY -N C- SA</p> <p>Multiple teeth connected with a line</p>	n/a	A bridge

Symbol	Description	Abbreviation	Meaning
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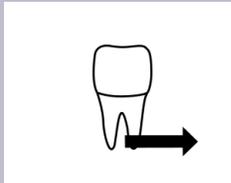


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An arrow pointing towards
the crown of the tooth

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An over-erupted tooth

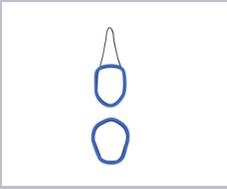


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An arrow pointing away from
the midline of the tooth

n/a

Shows the direction of a tooth
which is drifting

Symbol	Description	Abbreviation	Meaning
	<p>© Co ne sto ga Col leg e C C BY -N C- SA</p> <p>Blue outline of the facial surface of the tooth</p>	<p>n/a</p>	<p>Veneer present</p>

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WEEK 5 & 6: DENTAL OFFICE MANAGEMENT AND SCHEDULING

Over the next 2 weeks we will explore the responsibilities of the dental business assistant and dental office manager. As we learned in week 1, these are two of the career opportunities for an HOA to consider within the dental industry, whose main responsibility is to ensure the office runs efficiently. We will begin by reviewing dental scheduling considerations.

Dental Scheduling

Consider the following:

- **Time increments/intervals are the units used to book appointments.**
 - It can be 10, 15 or 30 minutes, depending on the preference of the dentist/specialist.
 - An HOA is responsible for correctly booking the number of time units for each visit.



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- **Most dental offices use a style called block scheduling.**
 - This style sets aside certain days or times within a week for specific types of appointments.
 - Often used for specialists to book complex or lengthy procedures.
 - What are the advantages of block scheduling?

- Allows treatment rooms, equipment, and trays to be prepped and ready for complex appointments
- Allows dentist to focus on work activity and provides consistency to week-at-a-glance
- Can you think of some potential disadvantages to this style of scheduling?

- **Missed appointments are an unfortunate outcome of scheduling.**
 - It is important that the HOA record all missed appointments in the client's EMR file.
 - Most offices will charge a fee that cannot be submitted to private insurance companies for coverage.
 - What are some ways in which you could help reduce the # of missed appointments at your office?

Recall Systems

How did you book your last dental appointment? Let's review the 4 common methods an HOA might use to schedule a follow-up appointment for a client.



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Dental Office Finances

As a dental business assistant or dental office manager, one of your responsibilities will be overseeing the financial aspects of the office.

Visits to the dentist can be costly. Since many Canadians do not have dental coverage, some clients can have a difficult time covering expenses. Payment plans can be organized in advance of procedures to ensure clients receive the treatment they need while offices are paid for the services they provide.

Unfortunately, accounts can become **delinquent** when fees are past due.

What can you do as an HOA to prevent accounts from becoming delinquent?

- Inform clients of applicable fees and financial policies before a service is provided
- Discuss a financial agreement or payment plan and ensure dates and amounts are clearly highlighted
- Provide reminders when the due dates are approaching
- Follow up with clients promptly once accounts become overdue

DBAs and office managers will also need to keep track of expenses and inventory.

Expenses:

- Fixed: costs that stay the same each month e.g. rent, phone bill, insurance, housekeeping
- Variable: costs that range or differ each month depending on need e.g. office supplies, lab fees, continuing education

Inventory:

- Administrative supplies will need to be tracked and ordered with enough time so staff do not run out
- Supplies may be ordered through a sales rep, online, or through a catalogue
- Ensure dates, quantity, cost, shipping, and alternatives are documented

Fear, Anxiety, and Avoidance

Consider the following scenario:

Your client arrives for their dental appointment and is visibly anxious. They are fidgeting, sweating, and avoiding eye contact. You remember learning that 75% of adults experience fear of the dentist, which can lead to avoiding visits, ultimately requiring more painful and complicated procedures down the road. Perhaps your client had a previous traumatic experience (direct experience), or heard horror stories from a friend (indirect experience).

What are 3 actions you can take to positively impact your client's dental experience?

Medications

Let's review the commonly prescribed medications in dentistry

Analgesics:

- Non-narcotic: used to treat mild/moderate dental pain, e.g. Tylenol, Advil, Aspirin
- Narcotic: used to treat moderate/severe dental pain, e.g. Morphine, Codeine, Tylenol 3 *must be prescribed with caution as it can be habit-forming

Anesthetics:

- Topical: numbing agents applied directly to the tissue, e.g. over-the-counter gel, ointment, spray
- Local: numbing injection—most common type of pain control in dentistry, e.g. Novocain
 - Block injection: numbs the entire region of the mouth

- Infiltration injection: numbs a small area of the mouth

Sedation:

- Conscious sedation: produced by oral medications and nitrous oxide gas, causing a twilight sleep
 - The client is responsive but usually does not recall any pain.
- IV sedation: intravenous medications causing a controlled unconsciousness
 - The client will require someone to accompany them to/from the appointment.
- General anesthesia: complete unconsciousness
 - Used for longer procedures.
 - The client must fast for a minimum of 6 hours prior to the procedure.
 - More expensive.

Antibiotics:

- Medications that limit or stop the growth of bacteria e.g. penicillin (Amoxicillin), Erythromycin
- Sometimes used prophylactically (in advance of a procedure) to avoid chance of infection

Since they are so commonly prescribed, watch [“Antibiotics – What You Need to Know”](#) by [Rehealthify](#) to learn more about antibiotics.



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WEEK 7: DENTAL INSURANCE

This week you will be learning about dental insurance, which is one category commonly offered in most private insurance plans. Additional details about private insurance will be reviewed during week 12, so stay tuned for more information about this important topic!

Dental Insurance Terms

- **Copayment/coinsurance:** the percentage of the service fee that the insurance company pays
- **Deductible:** a set fee that the client pays before the insurance coverage takes place
- **Annual Maximum Benefit:** total dollar amount that the insurance company will pay out
- **Coordination of Benefits:** processing coverage under 2 insurance plans to minimize the cost out of pocket
 - **Primary Plan:** the policy that gets processed first
 - **Secondary Plan:** once a claim gets processed through the primary plan, any remaining amount not covered can be processed through the second up to a maximum of 100% of total expenses paid
- **Assignment of Benefits Form:** a consent form that the client completes to allow clinics to receive payment directly from the insurance company

Test Your Knowledge



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Healthy Smiles

As you learned in ADMN1030, the Ontario government offers supplementary programs to vulnerable populations in order to maintain and improve their health status. One program most often utilized in dental offices is Healthy Smiles, which provides free dental care to children 17 years old and under who belong to low-income families. Types of dental care include preventative, routine, and emergency services.

Visit the [province's Healthy Smiles program website](#) to learn more about this special dental benefit, including qualifications for enrolment and locations of offices participating in this program. *Note: Since offices are not required to enrol, some will not offer this benefit.

Dental Procedure Codes

Treatments and procedures are grouped into categories and assigned fee codes.

- **00000-09999 Diagnostic:**
 - examination & oral cancer screening
 - x-rays (bitewing, periapical, panoramic)
- **10000-19999 Preventive:**
 - fluoride treatments and sealants

- cleaning, prophylaxis, scaling, and polishing
- night guards and space maintainers
- **20000-29999 Restorative:**
 - fillings, repairs, and bonding
 - inlays, onlays and crowns
 - veneers, and tooth whitening
- **30000-39999 Endodontic:**
 - root canal
 - pulpotomy
 - pulpectomy
- **40000-49999 Periodontic:**
 - root planning
 - gum surgery, soft tissue grafting
- **50000-59999 Prosthodontic – Removable:**
 - dentures, partial or full
- **60000-69999 Prosthodontic – Fixed:**
 - bridges
- **70000-79999 Oral and Maxillofacial Surgical:**
 - extractions, impactions, tumours, and cysts
 - dental implants
 - TMJ surgery
- **80000-89999 Orthodontic:**
 - Braces
 - Thumb crib
- **90000-99999 Adjunctive:**
 - medications, anesthesia, bleaching, lab services

How Do Dental Offices Receive Payment?

Payment Options

Most Common

- Fee-For-Service:
 - The dentist receives payment (either through the client or insurance company) for each service or procedure they provide.
- Assignment of Benefits:
 - If a client has private insurance, they can complete an assignment of benefits form to allow the clinic to direct bill. This means that the client has to pay out of pocket only the portion of the visit not covered through insurance.
 - Note: Some clinics do not offer direct billing. In this case, the HOA may assist clients in completing manual claim forms and process payment as an out-of-pocket expense.

Less Common

- Capitation:
 - Employers contract a local dentist to provide dental care to a group of employees at a cost per capita.
 - The dentist receives payment from the employer every month based on the number of clients treated.

As an HOA, consider what the advantages and disadvantages would be for either approach.

Dental Provisions

The Ontario Dental Association (ODA) creates a fee guide to highlight procedure codes and

suggested reasonable fees. Dental offices are not restricted by these fees and many will charge at their discretion.

However, insurance companies use this guide to set coverage limitations/provisions.

Let's explore some common insurance provisions below:

Dental Insurance Limitations/Provisions

1. **Treatment must be necessary:** A client cannot receive treatment solely because they have coverage. Elective or cosmetic dental work is often excluded from dental plans. Clients must therefore pay for these services fully out of pocket.
2. **Only a dentist can recommend treatment:** As previously learned in this course, the dentist holds legal responsibility for the clients and is the only provider who can recommend a treatment plan.
3. **Cost of treatment:** The treatment option may not be the most cost-effective, and cannot be based on coverage details.
4. **Frequency:** Clients are often limited to recall time frames. The most common provisions are 6 or 9 months. Important to remember when scheduling recall visits. **Changing the date on a past appointment, receipt, or claim is fraud.** If a client ever asks you to alter dates for coverage, you must decline.
5. **Alternate Benefit Clause:** Insurance policies may reimburse a lower-cost option of treatment regardless of the service and fee that was performed.
6. **Open Space:** For dentures, bridges, or implants to be covered, the natural tooth must have been extracted while the client was covered under the insurance policy. (Cannot wait to have a procedure done until they have insurance).
7. **Lagging Fee Guide:** Insurance companies will use the ODA fee guide to set reasonable dental fees. Sometimes they will base their fees on previous fee guides rather than current fee guides. It depends on how frequently the policy gets updated.

Remember that, unlike OHIP, all private insurance policies are different! Coverage amounts and provisions may differ depending on the policy.

Multiple Insurance Plans

Quite often, your clients may have coverage under more than one private insurance plan. This commonly occurs with children when both parents have an insurance plan that covers the child. There are rules in place to guide you on the order in which multiple plans should be billed.

Coordination of Benefits for Adults

If a client has coverage under more than 1 private insurance plan as the plan member

- Submit the claim FIRST under the plan in which they are a full-time employee
- If they are full-time or part-time at both, submit FIRST under the plan in which the client has been employed the longest

If a client has coverage under more than 1 private insurance plan (1 as the plan member and 1 as a dependent on a spouse/parent plan)

- Submit the claim FIRST under the plan in which they are the plan member
- Submit the claim SECOND under the plan in which they are a dependent

Test Your Knowledge



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Coordination of Benefits for Children

If a client is covered under both their parents' plans, apply the following rules:

- **The Birthday Rule**

- Submit the claim FIRST under the plan of the parent whose birthday (month/day) occurs closest to January 1st. Submit any remaining amount SECOND under the other parent's plan.

- **The Alphabet Rule**

- If both parents have the same birthday, submit the claim FIRST under the parent whose first name begins with the earlier letter in the alphabet. Submit any remaining amount SECOND under the other parent's plan.

If a client is a child with unmarried parents, apply the following rules:

- **Custody**

- Submit the claim FIRST under the plan of the parent with primary custody
- Submit the claim SECOND under the plan of the spouse of the parent with primary custody
- Submit the claim THIRD under the plan of the parent without primary custody
- Submit the claim FOURTH under the plan of the spouse of the parent without primary custody

Test Your Knowledge



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Completing Insurance Forms

Depending on your office, you may be required to submit dental claims online through a secure network such as CDAnet. You may also be required to complete manual claim forms in the event your office does not direct bill, there is a power outage, or your client's policy does not allow for direct billing. Regardless of the method, you will need to input the following information: client information, policy information, clinic/provider information, procedure code, tooth#, surfaces, and fees.

The [standard dental claim form](#) is available on the Canadian Dental Association website.

The [ODA fee guide](#) is available on the Ministry of Health website.

Insurance Practice

Case 1

Your client Bob visited your office on June 1, 2022. He had a complete oral exam from the general dentist for permanent dentition. Your dental office charges the same fees set out in the ODA guide. Complete the dental claim portion below using the ODA fee guide as a resource.



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Case 2

Your client Elise visited your office on July 10, 2022. The general dentist performed an amalgam restoration on the occlusal and distal surfaces of her maxillary right first bicuspid. Your dental office charges the same fees set out in the ODA guide.

Complete the dental claim portion below using the ODA fee guide as a resource.



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Case 3

Your client Karanjot visited your office on September 18, 2022. He had 2 units of time for scaling. Your office charges the same fees set out in the ODA guide.

Complete the dental claim portion below using the ODA fee guide as a resource.



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<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=55#h5p-13>

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WEEK 9: INTRODUCTION TO WELLNESS OFFICES

Welcome to Week 9! The first half of our course has been focused on the dental industry.

This week marks the start of the second half of the course, which focuses on wellness offices. Over the next several weeks, we will explore wellness concepts while also learning about industry-related software used to complete administrative tasks.

What Is Wellness?

How do you define wellness? What images, words, or experiences come to mind? If you recall from ADMN1030, the definition of health and wellness has evolved over time. In addition, each person may have their own perspective and experiences that influence the concept of wellness. Write down your own definition of wellness and consider this definition from the Global Wellness Institute (2020).

Wellness is the active pursuit of activities, choices and lifestyles that lead to a state of holistic health.

With this description in mind, wellness offices employ healthcare providers who help support clients in achieving health in one or more dimensions of wellness.

Key Components of a Wellness Office

The healthcare industry operates similarly to businesses. A good or service is provided and a transaction will take place (either in the form of OHIP, private, or out-of-pocket payment). Wellness offices will set organizational policies, procedures, and key principles when establishing their business.

- Philosophy: “an explanation of the systems of beliefs that determine how a mission or purpose will be achieved”
- Mission/Purpose: “link the providers’ or organization’s activities to the needs of society to legitimize its existence”
- Practice: the approach to treatment

(Current Nursing, n.d.)

Wellness Providers

Test Your Knowledge



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Wellness Administrators

As a wellness office administrator, your responsibilities may vary depending on the size of the office, the number of healthcare providers you support, and the specific types of providers. It is essential to remember your scope of practice. You will never be required to provide direct client care. Stop and consider: have I been educated or trained to do these tasks?

Some common wellness office administrative responsibilities include:

- Fielding phone calls, checking voicemails, and responding to emails
- Scheduling appointments
- Processing payments (OHIP in some cases, private insurance, and out-of-pocket)
- Filing or uploading documents to the EMR system
- Light cleaning and sanitizing
- Laundry
- Room preparations
- Social media management
- Marketing and communications
- Inventory management
- Payroll

Employment

Where to Find Wellness Office Positions

There are several websites to explore when looking for a wellness office administrator position.

Remember to customize your geographic location and utilize several different keywords when searching.

- [Indeed](#)
- [Workopolis](#)
- [Monster](#)

In addition, looking at the job boards/career pages of specific organizations or clinics is another great place to start.

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WEEK 10: WELLNESS OFFICE SCHEDULING

Last week we kicked off our introduction to wellness offices. This week, we will review the scheduling requirements of a wellness office administrator and watch how an administrator uses Jane to create a new patient and book them into a schedule.

Types of Scheduling

Fixed scheduling is the most common type of scheduling used within a wellness office. This method is characterized by having set office hours whereby clients are scheduled in a sequential order. For example: A provider may work between 9 a.m. and 5 p.m. with clients booked in every 30 minutes. Pre-booking or advanced booking is required.

Test Your Knowledge



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Information Needed to Schedule

Keep in mind that while working in a wellness office you may be responsible for not only supporting more than 1 provider, but more than 1 **type** of provider. Each healthcare professional may require different scheduling considerations.

- **Time units:** the time interval used to schedule appointments e.g. every 10, 15, 30 minutes
- **Double booking:** booking 2 clients in at the same time or during overlapping intervals. This may not be possible for some providers, and for others, only available for certain types of services.
- **Length of time:** based on the level of complexity of treatment e.g. initial assessment, follow-up visit, post-concussion treatment
- **Virtual:** consultations or treatment provided remotely
- **Time between:** the amount of time (if any) required to buffer between scheduled appointments

Wait List

A wait list is a common component of any wellness office.

What Is It?

- A list of clients who wish to receive appointments with a particular provider, or during particular days/times
- Clients are added to a waitlist when they cannot receive the appointment they prefer

Purpose?

- In the event of a cancellation, administrators can use the waitlist to fill gaps in the provider's schedule
- Maximizes revenue for the office
- Clients are able to receive earlier appointments

Cancellation Policy

The cancellation policy is another common component of any wellness office.

What Is It?

- A fee that is charged to clients who cancel late or do not show to an appointment
- Most cancellation policies require at least 24-48 hours notice
- Some charges are a flat fee, while others require the cost of the appointment

- These fees are not covered by insurance and must be paid out of pocket by the client

Purpose?

- Reduce the frequency of late cancellations or no-show appointments
- Helps convey the message to the public that the provider's time is valuable

Administrative Reminders

- Ensure you provide documentation or reminders to clients informing them of the office policy
- Document communications, warnings, or charges

Reminder Notices

Don't forget!



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Infection Control

Last week, we discussed the scope of practice for a wellness office administrator. Some common tasks include cleaning, infection control, and inventory management. Let's explore infection control in more detail.

- Infection control has always been a priority in healthcare environments. However, since the pandemic, the CDC (Centre for Disease Control and Prevention) has implemented policies for all healthcare facilities.
 - *Policies*: should be provided to clients and the public, outlining infection control practices
 - *Screening*: clients should be screened before or upon arrival for an appointment
 - *Inventory*: administrators should ensure the office has the necessary PPE and cleaning products
- Regulatory bodies for healthcare professions may also highlight additional requirements. As an administrator, it is recommended you review the regulatory guidelines for the professions employed within your office.

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WEEK 11: WELLNESS OFFICE MANAGEMENT

Welcome to week 11! This week we will explore the responsibilities of a wellness office manager, which is a more senior role you may find yourself working in within the wellness office industry. This role comes with a lot of fun new tasks and responsibilities—let’s explore together.

Wellness Office Inventory

Consider your Module 2 assignment in which you were assigned a dental office item and sourced the prices, quantities, and shipping details from a few different sites. As a wellness office manager you will be required to perform similar inventory processes but with unique items depending on the wellness provider.



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Wellness Office Marketing

Wellness Office Marketing Approach

Consider traditional business marketing tactics... advertisements focus on the consumer, right? In wellness offices, it is important that your marketing strategies are directed to not only the consumer/client, but physicians, the general public, and community organizations too. Physicians may make a referral or recommendation to a client, the general public contains friends/family word-of-mouth referrals and community organizations often post educational content for everyone to see. By broadening your marketing approach, the mission of your clinic can become well-known (and well-utilized!).

5 P's of Healthcare Marketing



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<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=62#h5p-20>

Social Media Marketing

Social media has become a key marketing platform for the healthcare industry, including wellness offices. As an office manager, you may be tasked with creating various social media channels and posting scheduled content.

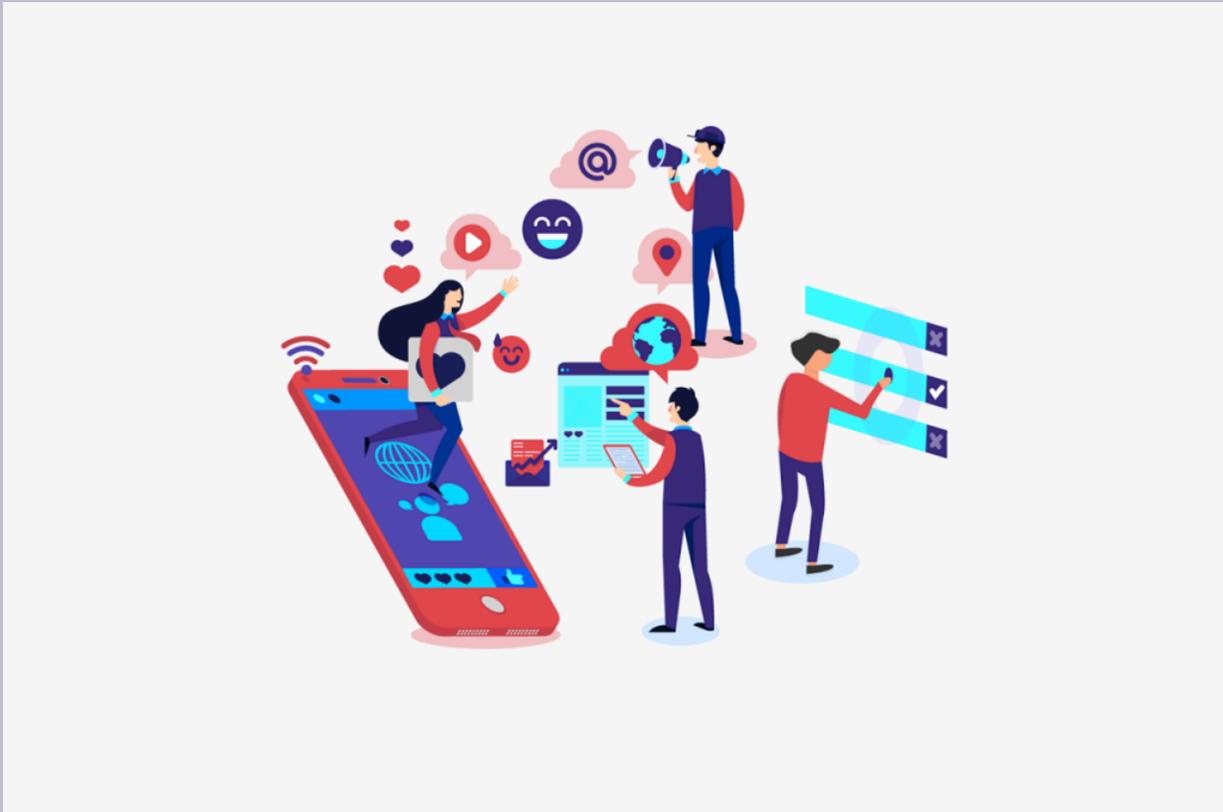
Office managers should be mindful of the following before posting:

- Who is the target audience and is this content and level of language/terms appropriate?
- How will you proofread or edit before posting?
- How will you keep your personal and professional accounts separate?
- What level of frequency is appropriate for each platform?

Stop and consider:

- What are the advantages of social media in healthcare?
- What are the disadvantages?

Remember: Social media is a powerful tool but must be used and managed carefully!



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Communication

As a wellness office manager, you may be responsible for staff and client communication.

When communicating with your **staff**, a wellness office manager should remember these 3 takeaways:

- Professional communication:
 - Error-free
 - Direct
 - Encourages productivity
- Consistent communication:
 - Not so often that messages are ignored
 - Not often enough that staff do not know what is happening around the office
- Actively listen to staff:
 - Ask for input
 - Involve staff in decision-making

When communicating digitally with **clients**, a wellness office manager should remember these 2 takeaways:

- Preferred method of contact:
 - Ask clients how they prefer to be contacted and receive consent
- Ensure privacy:
 - Encrypt files via email or with password protections in place

The Client Experience

Customer centricity is a term used to describe a healthcare business model that focuses on the client (A Roadmap to Improve Customer-Centricity in Health Care, 2016). By focusing on the client, organizations can better involve them in decision-making and approaches to treatment (A Roadmap to Improve Customer-Centricity in Health Care, 2016).

Consider your role as an administrator and office manager. How might you focus on the client?

A proactive approach is best—meaning that you won't wait for an issue to arise before addressing it! Consider process improvements that could positively impact your staff and clients. When your staff are happy, this translates to the experiences involving the clients.

Referrals: Sending and Receiving

When your office **receives** a referral:

- Upload a copy to the client's EMR profile or make a copy for their paper file.
- Contact the client to schedule the appointment.
- Alert the provider to the referral and highlight any necessary notes or requests.

When your office **sends** a referral:

- Upload a copy to the client's EMR profile or make a copy for their paper file.
 - Send the referral to the office via mail, email, or fax, ensuring confidentiality practices are applied.
 - Verify referral has been received—follow up if necessary.
-

References

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WEEK 12: PRIVATE INSURANCE

Insurance was briefly discussed when we examined dental insurance during week 7. This week, you will review some insurance terms and explore new concepts about private insurance, including employment opportunities in this industry!

Insurance Review

What do you remember about insurance from the first half of our course?



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Private Insurance vs. OHIP

Not every Canadian has access to private health insurance, unlike those who have access to provincial health insurance, such as OHIP. Rather than being administered through the government, private insurance is run by many different for-profit businesses. Each plan (policy) will have different coverage amounts and provisions.

Canadians may receive private insurance through their employer, school, spouse, or parents, or may pay a monthly fee to self-insure.

Did you know that you have insurance as a full-time Conestoga student? [Visit the Conestoga website to review your coverage details. \[new tab\]](#)

Types of Coverage

The categories of private insurance coverage include the following:

- Paramedical: includes coverage for health care providers, including registered massage therapists, chiropractors, osteopaths, physiotherapists, etc.
- Vision: includes coverage for eye exams, glasses, lenses, etc.
- Drugs: includes prescription medications
- Dental: as covered in week 7, this includes various dental services
- Hospital: non-OHIP fees, including private room upgrades
- Travel: coverage for health expenses once outside of Canada
- Disability: coverage for lost wages due to a disability
- Other (accidental death & dismemberment, critical illness, life insurance): financial payouts in the event of significant loss

All policies are different, and some will not include all categories listed above.

HOA Insurance Career Opportunities

With the knowledge and skills you have gained from this program, you may consider career paths related to health within the insurance industry.

Some examples include underwriting, claim adjudication, customer service representatives, administration, and sales and marketing representatives. Browse the career pages of insurance companies and review the job descriptions. Many will note that medical terminology and health-care education are considered assets. Let's review two opportunities:

Underwriting

What Does an Underwriter Do?

Underwriters assess risk. Consider the risks we take that negatively impact our health. An underwriter will review medical documentation including physical exam reports, attending physician statements, and client applications and compare them against mortality data. They will then determine how much a person should pay to have insurance coverage with their company.

If a client misrepresents themselves on an application, such as telling a lie or providing inaccurate medical information, the insurance company can deny a claim and/or remove them from coverage.

Underwriting can be applied in a group setting (assess the risk for a group of employees). Or can be assessed for an individual (1 person).

Claim Adjudication

What Does a Claim Adjudicator Do?

A claim adjudicator reviews private insurance claim submissions and determines how much (if at all) a client or clinic should be paid.

They must first review the insurance policy and familiarize themselves with the coverage details and provisions. They would then verify that the client is covered under the policy and is eligible for this category and service. If missing or incorrect information is listed, they would decline the claim.

If the client is eligible for coverage, the adjudicator would review who should receive the money and issue payment. If the client has paid for the service and is submitting the claim, payment would be made to the member. If the clinic that performed the service submitted the claim on behalf of the client, the adjudicator would release payment to the clinic directly.

Coordination of Benefits Review!

We covered the rules of coordination of benefits for adults and children in week 7. Below you will find a brief summary of the rules and some activities to check your knowledge.

Rules of Coordination of Benefits



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Let's Practice!

In class, we will be practicing manual submissions of private insurance claim forms and coordination of benefits examples.

WEEK 13: OPTOMETRY OFFICE

During the final content week of the semester, we will examine the processes involved in working in an optometry office.

Optometry Conditions

During class, you will research the descriptions, signs, and symptoms of 9 common optometry conditions. Complete the activity below by accurately naming the condition that is represented in the image.



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Eye Anatomy Review





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Visual Acuity

Match the definition with the visual acuity term:



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Optometry Office Professionals

- **Ophthalmologist:** A medical doctor specialist who diagnoses diseases of the eye, performs surgery, dispenses lenses, and prescribes medications. Regulated by the College of Physicians and Surgeons of Ontario.

- **Optometrist:** Graduated with a science degree plus 4 years of optometry schooling. Passed national board exam. Performs eye exams, and minor procedures, prescribes medications, and dispenses lenses. Regulated by the College of Optometrists of Ontario.
- **Optician:** Completed a college diploma program and passed the provincial licensing exam. Tests vision and dispenses lenses. Regulated by the College of Opticians.
- **Optometric Assistant:** Completed certificate from the Canadian Association of Optometrists. Adjusts and measures frames, completes contact lens consultations, and facilitates vision pre-testing. Regulated by the College of Optometrists of Ontario.

Interested in a career as an optometric assistant? After completion of your HOA diploma, you are eligible to enrol in the online CCOA program. Learn more at the [Canadian Association of Optometrists website \[new tab\]](#).

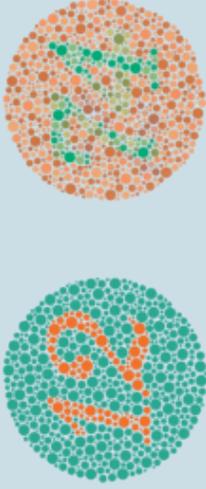
Optometric Assistant Duties

- Greets clients, verifies information, helps complete necessary forms, book appointments
- Answer phone, return emails and voicemails
- Update client EMR profile
- Manage schedule and triage appointments
- Order office supplies including frames, lenses, and equipment
- Billing: OHIP, private insurance, out-of-pocket
- Help clients select frames

Preliminary Vision Testing

Common Visual Assessment Tools

Tool Name	Description	Image
Autorefractor	A machine that gives a quick estimate of the patient's prescription, giving a starting point.	 <p>The image shows a woman in a pink shirt using an autorefractor machine on a young child's eyes. The machine is white with a blue logo that says 'R' and 'ROOFSTOCK' below it. The model number 'RX 900' is visible on the side of the device.</p>
Lensometer	A machine that measures the strength of a pair of glasses.	 <p>The image shows a white lensometer machine on a wooden desk. The machine has a black eyepiece and a black objective lens. The brand name 'B&L' is visible on the side of the device.</p>

Tool Name	Description	Image
Fundus camera	Captures an image of the retina.	
Colour vision test	Measures the ability to differentiate between colours.	 <p data-bbox="1003 541 1036 751">The 12 should be visible to everyone, whether or not they are color-blind.</p> <p data-bbox="1003 220 1052 478">A 74 should be visible to persons with normal vision, while person with color-blindness will see either 21 or no number at all.</p>

Tool Name	Description	Image
Air puff tonometry	Uses a small puff of air to measure intraocular pressure	

Key Optic Terms

Select the correct optic term for the provided description.



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<https://ecampusontario.pressbooks.pub/dentalwellness3/?p=67#h5p-24>

Understanding a Prescription Notation

Sample Prescription Notation

	SPH	CYL	AXIS	PRISM	BASE	ADD
O.D.	-2.50	+1.75	120	2	UP	+1.75
O.S.	-3.50	+1.5	120	1	DOWN	+2.25
P.D: 58	Exp:					
	Additional Information:					

Credit: © Conestoga College, [CC BY-NC-SA](#). [See image description]

Table 3. Interpreting the Optometry Prescription: Notation and Corresponding Meanings.

Notation	Description
O.D.	Right eye
O.S.	Left eye
P.D.	Pupillary distance – how far apart the two pupils are from each other.
SPH	Sphere of the eye – indicates the level of lens power required to correct nearsightedness or farsightedness. A minus sign (-) means you are nearsighted, and a plus sign (+) means you are farsighted.
CYL	Cylinder of the eye – indicates the level of power required to correct an astigmatism. A minus sign (-) means your astigmatism causes nearsightedness, and a plus sign (+) means your astigmatism causes farsightedness.
AXIS	The axis confirms which way and degree the astigmatism is oriented.
PRISM	A special type of lens used to correct eye alignment issues such as double vision.
BASE	Indicates the direction of the prism (either up, down, or out).
ADD	Added magnifying power – used for multifocal lenses such as bifocals or trifocals.

Optometry Office Billing

An HOA working in an optometry office will need to understand OHIP billing, and private insurance, and process out-of-pocket transactions.

OHIP

- Clients who are 19 years and younger, or 65 years and older, are eligible for an eye exam every 12 months under OHIP.
- Clients receiving ODSP or OW are covered for an eye exam every 2 years under OHIP.
- Clients of any age with certain medical conditions are eligible for an eye exam every 12 months. E.g. glaucoma, retinal disease, diabetes mellitus.

- Review the [Ontario Ministry of Health Schedule of Benefits for Optometry Services](#) (effective 2023)
- Review an [Ontario Ministry of Health Fact Sheet on OHIP coverage for eye care from 2015](#) (note that this material may be out of date)

Private Insurance

- Some clients will have coverage for eye care under their private insurance plans.
- You will be required to either bill directly to their insurance company or assist your client in completing a manual insurance claim form.
- We will be learning more about private insurance in our next unit!

Out of Pocket

- If a client does not qualify for OHIP billing and does not have private insurance, they will be responsible for paying the required fees associated with their exams, lenses, or procedures.
- An HOA would create an invoice, process payment, and provide the client with a receipt.

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Image Descriptions

Sample Prescription Notation

Prescription sample includes a table with the following information:

[blank]	SPH	CYL	AXIS	PRISM	BASE	ADD
O.D.	-2.50	+1.75	120	2	UP	+1.75
O.S.	-3.50	+1.5	120	1	DOWN	+2.25

Below the table are the following notations:

P.D: 58

Exp: [no notes]

Additional Information: [no notes]

[\[back\]](#)