The grafts, sedation and CBCT you already did are sitting unbilled, denied or past deadline. Get paid for all of it — dental and medical — and stop writing off what a payer would have paid.

You did the graft. The payer is counting on you to forget the paperwork. Bill every graft, sedation and extraction — dental and medical. Appeal every denial. Nothing goes unbilled, nothing gets written off unworked.

Talk to our team · hello@dionhealth.com

Dion Health · 450 Sutter Street, Suite 1519, San Francisco, CA 94108
www.dionhealth.com

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COUNTED · OUR OWN PRACTICE

45%
of insurance AR past ninety days is still collectable. Aged usually means nobody appealed it

50%
of denials overturn once someone actually works the appeal

2
kinds of claim a full-arch case can produce — dental, and medical for the surgical phase where it qualifies. MedicalDentalRCM files both

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- ☐ Grafting and sedation claims get written off when the biller is busy
- ☐ Nobody has ever joined completed procedures to submitted claims
- ☐ Eligibility for the covered parts is checked at the desk, on the day, if at all

WHAT MEDICALDENTALRCM RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A consult is on the schedule	Checks eligibility with the payer overnight for the covered parts, so the coordinator quotes the patient's share correctly	A verified answer at the consult — labelled verified, never confused with the card on file
A case is accepted	Files the pre-authorisation for extractions, grafting and sedation ahead of the surgical date	No surprise denial after the surgery
The surgical phase qualifies for medical	Files it to the medical plan — 837P / CMS-1500, with the diagnosis and the narrative the payer asks for — alongside the dental claim	The covered part of a case paid by the plan that covers it
A procedure is completed	Scrubs the claim and submits it through the clearinghouse	Clean claims out the door the same day
A claim is denied	Reads the reason, drafts the appeal with the documentation the payer asked for, works it until it pays or is genuinely dead	Denials as a worked queue, not a write-off
A claim nears the filing deadline	Flags it with lead time	Deadlines that never pass unnoticed
Every month	Joins completed procedures to submitted claims and lists what was never billed	Covered work that never became a claim

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THE LINES IT MOVES ON YOUR ANALYSIS

Work aged insurance AR (over 90 days)	45% recoverable
Appeal denials that were written off	50% overturn
File claims before the deadline	80% saved
Bill treatment delivered and never claimed	1.5% of collections, benchmark

IN AN IMPLANT PRACTICE

Extractions, grafts, IV sedation and CBCT are the covered parts of a full-arch case — dental, and medical where the plan and the diagnosis support it. They are the claims most often denied on documentation, and the ones most worth appealing.

WHAT YOUR TEAM KEEPS

- The payer relationship
- The decision on what is written off
- Your biller, if you have one — the queue is theirs to work, or ours

WHAT IS ACTUALLY BUILT

Running against a live practice today: the monthly scan that finds procedures completed and never claimed, overnight eligibility, pre-authorisation, coordination of benefits and insurance discovery. Dental (837D) and medical (837P / CMS-1500) claims both file through the same clearinghouse — so the sedation, extractions, grafting and imaging of a full-arch case can go to the medical plan where the plan and the diagnosis support it.

READS

Your practice system, read in place — nothing migrated · The clearinghouse and payer responses · Your payer list and enrolments

RETURNS

Claim status, denial reasons and appeal drafts · The unbilled-procedure worklist · Insurance AR aged and worked, with the payer answer separated from the card on file

YOUR FIRST THIRTY DAYS WITH IT

Practice system connected, read in place · payer list and enrolments reviewed · overnight eligibility running · claim scrub live · the first unbilled scan and denial queue on your desk by week four.

BEING STRAIGHT WITH YOU

The unbilled scan can tell you a procedure was completed and never claimed; when two identical procedures happened the same day it cannot say which. It is a worklist, not an accusation. Medical billing of surgical work is filed only where the plan and the diagnosis support it — never speculatively. Payer enrolment is per location and per tax id: it starts on day one and runs on the payer's clock.

COUNT YOURS

Insurance AR over 90 days, $	_____
Grafting and sedation denials written off last quarter, $	_____
Surgical cases last year billed to a medical plan	_____

Your first thirty days with MedicalDentalRCM.

Every office is onboarded in one month with a named person on our side. MedicalDentalRCM is one function of the nine; it reads the same practice record as the others, and your practice system is read in place — nothing migrated, nothing modified. It comes with a team: a dedicated account manager, training for each role, and the numbers delivered to you every morning, every night and every month.

- Practice system connected, read in place
- Payer list and enrolments reviewed
- Overnight eligibility running
- Claim scrub live
- The first unbilled scan and denial queue on your desk by week four

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Start with your numbers. Three figures off your last P&L and the analysis returns your own addressable overhead and your own recoverable revenue, line by line. It cannot show a Dion price — that arrives only after we have read your numbers together.

console.dionhealth.com/analysis

See it live, on the practice it runs today.

A 15-minute walkthrough with our team — no preparation, no commitment.

www.dionhealth.com/pikos

Or start with your numbers: console.dionhealth.com/analysis