

AUDIT TEMPLATE · 20 MIN

Insurance Verification Time Audit

Map your current verification process. Calculate the staff hours, error cost, and patient-experience tax. See exactly what would change with automation.

READING TIME	PAGES	BUILT FOR
20 minutes	7 pages	Practice owners + ops leads

Aria Dental AI · A product of Aria by Velzyx AI · Newport Beach, California

Why this audit matters

For most dental practices, insurance verification is the single largest invisible time sink. It happens off-screen, doesn't get measured, and quietly burns 8–15 hours a week of front-desk time per location.

It's also where the most damaging mistakes happen. A wrong eligibility check can cost you a \$400 cleaning, a \$2,000 crown, or a patient relationship. The error rate at most practices is somewhere between 8% and 25% — and almost no one tracks it.

This audit is a 20-minute exercise. You'll measure how long verification actually takes, where the breaks are, and what an automated workflow would look like. Bring a stopwatch and your last week of insurance work.

Step 1 — Current state inputs

A. Average minutes to verify ONE patient's insurance

Include: payer portal login, lookup, write-down, callback if needed. Industry average: 12–18 minutes.

B. Verifications per week

Count new patients + re-verifications. Average single-location practice: 30–80/week.

C. % of verifications that require a phone call

Portal-only, no human. Average: 15–35% require a call.

D. Avg minutes added when a phone call is needed

Hold time + payer rep time. Average: 8–22 minutes.

E. Front-desk hourly cost (loaded)

Salary × 1.3 (taxes, benefits, training). Average: \$25–\$38/hour.

F. % of patients with verification issues at check-in (estimated)

Patient arrives, coverage doesn't match what was quoted. Average: 8–18%.

Step 2 — The cost of your current process

Metric	Formula	Your number
Avg verification time (minutes)	$A + (C \times D)$	
Total weekly verification minutes	$B \times \text{Avg time}$	
Total weekly verification HOURS	$\div 60$	
Annual hours spent on verification	$\times 52$	
ANNUAL STAFF COST OF VERIFICATION	$\text{Annual hours} \times E$	
Annual patients with verification issues	$(B \times 52) \times F$	
Estimated rework cost (\$35/incident)	$\text{Issues} \times \$35$	
TOTAL ANNUAL COST	Sum of staff cost + rework cost	

Step 3 — Current process map

Map your current 8-step process. We've left the boxes empty — fill them in based on what your team actually does, not what your written SOP says.

1. Patient calls / books online

who does it / how long / what tools

2. Front desk collects insurance info

who does it / how long / what tools

3. Insurance written/typed into spreadsheet or PMS

who does it / how long / what tools

4. Verification triggered (when?)

who does it / how long / what tools

5. Portal lookup OR phone call to payer

who does it / how long / what tools

6. Eligibility data written back into PMS

who does it / how long / what tools

7. Patient called/texted with quote

who does it / how long / what tools

8. Day-of: re-verify or hope it holds

who does it / how long / what tools

Step 4 — Recommended automation flow

Here's what the same workflow looks like with an AI receptionist + electronic eligibility (270/271 transactions).

Patient calls

AI receptionist answers. Identifies new vs returning. ~2 sec.

Insurance collected

AI asks: payer, member ID, group, relationship, DOB. Collected one at a time, fuzzy-matched against the 3,400+ payer database. ~60 sec.

Eligibility check

270 transaction sent to payer in real time. 271 response parsed in 4–8 sec. Deductible, coinsurance, remaining maximum, frequencies all returned.

Quote read back

AI quotes the patient: 'Your deductible is \$50, then 80/20 — for today's visit you're looking at about \$42 out of pocket.' Patient hears the quote before they hang up.

Saved to PMS

Eligibility data written back to patient profile in PMS automatically.

Day-of confirmation

Re-verify happens automatically the morning of the appointment. If anything changed (lapse, deductible reset), front desk sees a flag before the patient walks in.

Front-desk time involved

0 minutes for ~85% of verifications. Front desk only touches the 15% with edge cases (out-of-network, missing payer, dependents on different plans).

Run the same audit live with our team

Bring your numbers from this worksheet to a 30-minute call. We'll show you exactly how Aria handles your top 3 payers, in real time, on your test phone. No PowerPoint. No script.

Ready to see Aria in action?

A 30-minute live demo. No script. We answer your phones, we book your patients, you ask anything.

AriaDental.AI / demo

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