GENERAL INSURANCE INFORMATION

We are happy that you have dental insurance coverage to assist you in paying for dental services. We want our patients to be comfortable with ALL aspects of their dental care; including financial arrangements. Please see our financial policies for specific information on payments and coverage thru our office. Here are some general information points for your reference:

Dental insurance is not always like medical insurance.

- There are NO regulations as to how insurance companies determine reimbursement amounts. There are NO regulations or universal figures for what insurance companies determine "Usual and Customary Rates (UCR)". Therefore, reimbursements fluctuate widely amongst plans and change from year to year. In addition, insurance companies are not required to disclose how they determine these levels.

- Generally, a dental benefit plan is a contract between the insurance company and your employer or plan sponsor. Terms of dental insurance plans vary widely.

- Plans may suggest that you choose to have dental care providers from one of their "preferred providers." Receiving care from one of these providers may, or may not, affect the level of monetary reimbursement.

- There are other factors that may affect reimbursement: Insurance companies reserve the right to pay the least expensive alternate and minimal treatment option. They may not pay for what they deem are pre-existing conditions. There are annual maximums; most of which have increased little-to-nothing in the past 40 years. Most companies have a deductible(s).

- If you have more than one insurance plan, it does not mean that you have 100% coverage. Secondary insurers have separate rules about their coordination of benefits. In order to properly process insurance benefits from a secondary insurance company, you must provide our office with the Explanation of Benefits (EOB) from the first or primary insurance company. This is true even if your primary insurance company does not cover or denies benefits for the procedure(s) billed.

- Claim processing schedules vary with each insurance carrier. Some will pay the doctor's office directly, others will expect the policy holder (i.e. you, the patient) to pay the doctor first, and then get reimbursed. If you would like to have our office accept a check that the insurance company has sent you, we require that you sign the check and include the Explanation of Benefits (EOB) for the services billed.

- You can help our office expedite the claims process by replying promptly to any insurance inquires and calling the insurance company regarding claim status on any services not paid within 45 days of service.

- Our office will always try to give you an estimate of your insurance benefits for services rendered. This is an "earnest estimate", and NOT a guarantee. There could be a residual balance after the insurance company pays.

- Pre-authorization of treatment is often required by dental insurance companies; however, if you

would like a more accurate prediction of benefits, we would be happy to send your insurance company the appropriate information at no charge to you. This process can take 4-6 weeks. Please note that all insurance companies have a clause stating that they reserve the right to negate previous authorizations for various reasons. Insurance companies will not guarantee payment to you or us.

- When you come to our office for the first time or if your plan changes, please bring your insurance card and any benefit booklet or completed claim you have. It would be helpful bring your insurance card with you whenever receiving care in case there are any questions or changes.

In order to maximize your dental insurance benefits we recommend:

- Know your Yearly Maximum: The dollar-amount that your dental insurance plan will pay for your dental work within a single year. Although the maximum varies among insurance companies, the average is around $1,000 a year, per person covered under the plan. This renews each year (on the 1st of January, if your plan follows a calendar-year), providing another $1,000 for the next 12 months. If you have unused benefits from the previous year, they won't roll over to the next year. Get your money's worth and utilize your maximum benefits within each year.

- Know your Deductible: This is the term for the amount of money you have to pay your dentist "out-of-pocket" before your insurance company will pay, to take care of your teeth. Again, the amount varies between insurance companies and their plans, and it could be costly if you choose an "out-of-network" dentist. If you have already paid your deductible for this year, and do not believe you need to see the dentist again this year, think again: your deductible will start again next year.

- Take Advantage of your Benefits: Even if you do not have a cavity, and are not in need of a root canal, be sure to regularly schedule your dental cleanings. These scheduled-cleanings, when followed, help prevent, and can detect, early signs of cavities, gingivitis, oral cancer, and other dental issues.

- Do not Avoid Problems: If you decide to delay treatment for what might be a simple cavity, you risk a more extensive and expensive treatment down the line. You may think that your "simple toothache" is nothing of consequence, when it is actually a cavity waiting to worsen into a root-canal.

Office is Non-Restricted Dental Practice.

Our office is a **non-restricted** dental practice. Many of our patients have dental insurance, and we pride ourselves in helping them maximize their benefits. We work with any plan that allows you the **freedom to choose** any dentist. Usually this type of plan is called a PPO plan. Do you know what type of plan you have?

A participating or "in-network" dentist is working FOR the insurance company. Hence, the term "contracted" dentist. The contract governs what dentist will receive as a discounted payment for limited services. Keep in mind that participating dentists need to see a volume of patients to close the monetary gap that the insurance company leaves open. In many cases, the quality of care can be affected due to the fact that they have to see more patients to cover their overhead. Procedures may be recommended which are more costly (i.e. a crown instead of a crown). Treatment can be guided by covered procedures and fee schedules rather than by chosen treatment plan by the patient and the dentist. For example, x-rays may be taken more frequently or in higher quantities than needed just because "they are covered," not because they are needed.

A non-participating dentist is working FOR YOU! They is not willing to accept the much lower payments for procedures, and are not willing to sacrifice the quality of care in order to see volume of patients and play games with insurance coding. By not participating, decisions regarding your treatment are made between you and your dentist based on your dental needs and desires rather than the plan restrictions of the insurance policy.

Of course, the insurance companies encourage you to see participating providers, as it keeps more money in their pockets.

The bottom line is, chose a provider that you trust, feel comfortable with, and provide you with the quality care and stands by the quality of their work! After all, you are the patient and you have a choice. Although many of our patients do not have dental insurance, many of those who do have dental insurance have chosen our practice for all of these reasons.