

UNDERSTANDING YOUR INSURANCE

Each patient that contacts our office for an appointment usually asks, “Do you participate with my dental or medical insurance?”

Our office participates with a variety of dental and medical insurance plans; however, since there are over 23,000 different insurance plans in the United States, it is not possible for us to know all there is to know about every one of these plans. It is essential for you to know who your **primary** insurance company is and to verify important pieces of information.

1. Is our practice listed as a provider with your specific insurance plan?
2. Is the procedure covered by medical or dental insurance?
3. Is the procedure a covered benefit under your insurance plan?

Our front desk staff will help you to sort out these often confusing questions. They will also file your **primary** insurance claims and collect the required co-pays from you. Once the insurance carrier determines the amount to be paid, they will reimburse the office directly for their portion of the fee.

Please note that most dental plans have limitations and restrictions. No insurance policy pays 100% of all dental fees. Dental insurance is not meant to pay everything. It is only meant to be an aid. Even when a plan states that a procedure is covered at a percentage of the usual and customary fee – for example 80% - that is usually not completely true. Most plans cover 40-50% of the actual fee charged by our office. The amount your plan pays is determined by how much your employer paid for the plan. Many of our patients come to the office thinking their insurance will cover the majority of the fee associated with a particular dental procedure. Unfortunately, many times the patient has significant out of pocket expenses.

We will do whatever we can to help you to understand our treatment plan options, their associated costs and to gain maximal benefit from your insurance coverage. You must comply with any requirements that your insurance carrier specifies; for example, you may need a referral from your primary care provider (dental or medical) **before** you can be evaluated and treated by a specialist. Also remember that you have a contractual relationship with your insurance carrier; therefore, if you have a dispute with your carrier, it is up to you to communicate this to them. Only you have the legal authority to get your insurance company to respond to dental/medical claims submitted from our office.

We will be happy to see and treat you regardless of the type of medical or dental coverage that you carry on yourself and your family. If we don't participate with your insurance, we will inform you of this fact prior to initiation of treatment. If you would like to bill your insurance company, a claim form will be generated on the date that services were provided. Your responsibility will be to pay in full for the services rendered. Deductibles and co-payments will be collected on the day services are provided. The best way to eliminate confusion when it comes to financial responsibility is to schedule a consultation to finalize your treatment plan and financial obligations.

Balances that remain on your account after 90 days will incur a late fee. The insured will be responsible for pursuing any outstanding insurance claims directly with your insurance company. Our office will provide you with all the necessary insurance claim forms and/or documentation required to process your claim. Ultimately, it is your responsibility to ensure prompt processing of the insurance claim.

Our recommendations for treatment will not be influenced by what insurance coverage you carry. Our goal is to provide you with the highest level of care at a reasonable cost. Thanks again for choosing our office as your choice in oral and maxillofacial care.

We ask that you agree to these policies because that will help us service you better. We don't want the issue of money and insurance to come between you and the dental care you deserve.

Signature of patient, parent or guardian

Date