

Facts You Should Know About Dental Insurance

We feel strongly that our patients deserve the best dental care possible. That's why we specialize in providing you with the highest quality care and exceptional customer service we can. While we have your best interest at heart and try to help you maximize your insurance benefits, we have **NO** control over what insurance companies pay or don't pay for your care. Here are some facts you should know about your dental insurance:

- 1) Dental insurance is not like health insurance. Dental insurance **will not eliminate** the cost of your care. It will only lessen it. It is a maintenance plan that will not protect you if you need a substantial amount of treatment. Annual maximum benefits haven't changed in over 50 years!
- 2) Your insurance will not always pay the expected portion of treatment even for standard routine procedures. There are limitations and alternative benefit clauses (downgrading of treatment and/or materials) that vary from plan to plan, and these are determined by the insured and the insured's employer. They are not determined by or have nothing to do with us. **It is your responsibility to know and understand your specific plan details and you are responsible for making sure that your insurance pays for your treatment. You are responsible for paying any amount that they do not pay up to the contracted amount if we are in-network, or our regular fee if we are out-of-network.**
- 3) Plans say that they cover certain percentages of services, but this is not always true. Insurance companies do not clearly specify plan fee schedules or limitations in your policy. **You may not actually be covered** at the percentages your insurance says and you will owe more for your treatment. An insurance company may only pay 35% instead of 50% for a procedure because of a fee cap, which is a limitation in the policy imposed by you or your employer, that places a maximum on the amount your insurance will provide benefits for. We have no way of knowing if there are fee caps ahead of time because insurance companies won't tell us. This scenario would be the same at any dental office. Again, you are responsible for knowing and understanding your dental insurance details, fee caps, alternative benefits, and other limitations before receiving treatment, and are responsible for paying any amount that your insurance does not pay up to the contracted amount if we are in-network, or our regular fee if we are out-of-network.
- 4) Even though insurance companies state that their benefit fees are "usual and customary", this is not true. They take into account fees from discount and free clinics in their determination, and there is nothing usual and customary about this. As a result, doctors in private practice will always have fees that are higher than insurance companies' standards.
- 5) Many routine dental services are not covered by dental insurance. Whether a service is covered or not is determined by the insured and the insured's employer.
- 6) You are not legally required to submit predeterminations to your insurance carrier. This serves to delay treatment and subsequently payment by insurance companies. It also gives your insurance company a chance to deny your needed care. Please do not allow an insurance carrier to dictate what appropriate treatment for you is.

Signed: _____

Date: _____