

## **Our Policy Regarding Dental Insurance**

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount your insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically so your insurance company will receive each claim within days of the treatment.

You are responsible for any balance on your account after 30 days, whether insurance has paid or not. We will be glad to send a refund to you once insurance has paid us.

PLEASE UNDERSTAND that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment; we at no time guarantee what your insurance will or will not do with each claim. We also cannot be responsible for any errors in filing your insurance; once again we file claims as a courtesy to you.

### **FACTS ABOUT INSURANCE**

#### **Fact 1; NO INSURANCE PAYS 100% OF ALL PROCEDURES**

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company.

#### **Fact 2; BENEFITS ARE NOT DETERMINED BY OUR OFFICE**

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for certain services. This language can be very misleading and simply is not accurate.

Insurance companies set their own fee schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR fee. In many cases this fee data can be outdated (three to five years old) and these "allowable" fees are set by the insurance company so they can make and maintain a net 20%-30% profit margin. Insurance companies are not legally required to use Health

Insurance Association of America's fee survey or anyone else's information when setting UCR benefit levels. In fact, reimbursement calculations by insurance companies are unregulated and uncontrolled.

Unfortunately, insurance companies imply that your dentist is "overcharging" rather than saying that they are "underpaying" or disclosing when their reimbursement fee schedules were last updated. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figures.

**Fact 3; DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED**

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (to be paid by you), on average \$50.00, is subtracted, leaving \$100.00. The plan then pays 80% of the \$100.00, or \$80.00 leaving a remaining portion of \$20.00 + \$50 deductible = \$70 to be paid by the patient. Of course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.

Our fees are set by the actual cost of doing business in this particular office. Obviously, costs can vary from office to office depending on the quality of service, lab costs, materials costs, and many other factors. Our fees reflect the quality of service and the care with which it was delivered.

**MOST IMPORTANTLY**, please keep us informed of any insurance changes such as policy name, member Identification number, insurance company, address, or change of employment.

I have reviewed this information and understand that I am financially responsible for all charges whether or not paid by insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_