



FAMILY DENTISTRY

Your dental insurance, what you should know!

Our entire staff is pleased that you have insurance benefits to help you and your family with the cost of your dental care. We would like to help you obtain the maximum use of these benefits. Please read the information on our insurance claims process so we can work together to ensure success.

Do you accept my insurance? How much will they pay?

We currently accept most PPO insurance plans, meaning we work with hundreds of different plans. Although, we maintain computerized histories of payment by a given company or plan, payments do change. Therefore, it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is *only an estimate*.

I thought I paid my portion, But I got a bill? Why?

We base the patient portion of our bill on our most current date, but there are several factors that can affect this estimate. For example, there may be a deductible that must be applied, or you may have received treatment in another office prior to joining our practice affecting your annual maximum benefits. Additionally, insurance companies do not inform us of any changes to your benefits. We do, however, investigate your benefits as thoroughly as possible.

Insurance did not pay, now what?

We bill your insurance as a courtesy. Dental insurance is a contract between the employer and the patient. It has no connection at all to us as your dental office. The extent of coverage varies greatly from company to company, sometimes even within a company. It has absolutely nothing to do with the level of service provided by us and fee charged for these services. An often misunderstood term used by many insurance companies is "UCR". This is an arbitrary fee ceiling set by the insurance company at which the insurance company will stop reimbursement. These fee ceilings were set 15-20 years ago. After fees reach this ceiling, coverage for a particular procedure may cease, meaning that the patient will have an extra portion that is due. Despite our best efforts at giving you an accurate estimate, a patient will occasionally owe the amount of the difference. Again, this has nothing to do with the fee charged, but with the level of coverage negotiated by your employer and decided upon by the insurance company.

Financial Options

We require payment for you estimated portion at the time of service. We do have several methods of payment designed to help you and your family get the quality of care you deserve. Please feel free to ask our Office Manger about the options for payment. We welcome you to our family and look forward to helping you get the healthy, beautiful smile you deserve.

I have read, understand, and accept the terms of the above outline policies for insurance handling and financial commitments that I may incur as a result of treatment

Pt's signature

Date

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Your dental insurance

What you should know

Dental benefit plans are designed to share in your dental care costs. Your plan may not cover the total cost of your bill. Most plans potentially cover between 50 and 80 percent of the cost of dental services. If you don't understand a reimbursement level on your bill, you are not alone. Here are some commonly misunderstood features.

USUAL, CUSTOMARY AND REASONABLE

"Usual, customary and reasonable," or UCR, may be one of the most misunderstood terms used when describing dental benefit plans. UCR plans may pay an established percentage of the dentist's fee, or may pay what the plan sponsor considers a "customary" or "reasonable" fee limit, whichever is less. Although these limits are called "customary," they may or may not reflect the actual fees that dentists in your area charge. Your explanation of benefits, or EOB, may note that the fee your dentist has charged you is higher than the UCR reimbursement levels that the plan offers. This does not mean that you have been overcharged. For example, the insurance company may not have taken into account up-to-date data in determining a reimbursement level. Keep in mind that there is no regulation as to how insurance companies determine reimbursement levels, and insurance companies are not required to disclose how they determine these levels. This results in wide fluctuations.

ANNUAL MAXIMUM

Your dental benefits plan purchaser (for example, your employer) makes the final decision on "maximum levels" of reimbursement through the contract with the insurance company. The annual maximum often is based on the amount the employer wishes to pay for the dental benefit. Even though the cost of dental care has increased significantly over the years, the maximum levels of insurance reimbursements have remained the same since the late 1960s. Some plans may offer higher maximums that are comparable to rising dental care costs.

PREFERRED PROVIDERS

In a preferred providers arrangement, you may be asked to choose your dental care from a list of the plan's preferred providers. This is a term that often is applied to dentists who have a contract with the dental benefit plan. Whether or not you choose your dental care from this defined group can affect your levels of reimbursement.

LEAST EXPENSIVE ALTERNATIVE TREATMENT PROVISIONS

Your dental plan may not allow benefits for all treatment options, even when your dentist determines that another treatment will be in your best interest. For example, your dentist may recommend a crown, but your insurance may offer reimbursement only for a large filling. As with other choices in life, such as purchasing medical or automobile insurance, or buying a home, the least expensive alternative is not always the best option.

PRE-EXISTING CONDITIONS

Just like medical insurance, your dental plan may not cover conditions that existed before you enrolled in the plan. Even though your plan may not cover certain conditions, treatment still may be necessary. Your dental plan may not cover certain procedures or preventive treatments regardless of their value to you. This does not mean these treatments are unnecessary. Sealants, for example, can save you money later. Your dentist can help you decide what type of treatment is best for you.

CONCLUSION

Dental office staff cannot always answer specific questions about your dental benefits or predict the level of coverage for a particular procedure, because plans written by the same third-party payer or offered by the same employer may vary according to the contracts involved. Your plan sponsor (often your employer) usually is in the best position to explain the individual design features of your plan and answer specific questions about coverage. ■

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"For the Dental Patient" provides general information on dental treatments to dental patients. It is designed to prompt discussion between dentist and patient about treatment options and does not substitute for the dentist's professional assessment based on the individual patient's needs and desires.