



FACTS ABOUT DENTAL INSURANCE YOU SHOULD KNOW

Many of our patients are covered by a dental insurance plan. This serves as a valuable way to help pay for the cost of dental care. It is important to understand that services are rendered to the patient, not the insurance company. Thus, the insurance company is responsible to the patient, and the patient is ultimately responsible to the doctor for payment.

1. Most insurance companies utilize an "alternative treatment option" provision. This allows them to pay for a cheaper procedure in full legal satisfaction of their benefit obligation to you rather than reimburse you for the finest quality treatment recommendation.
2. You may receive a letter from your insurance company stating that dental fees charged are higher than reasonable and customary. To establish their usual and customary fee schedule, the insurance company surveys a geographic area, and uses an average fee that includes discount clinic fees and HMO's within the area. For some reason insurance companies will not reveal how they arrive at these fees nor do they make these fee schedules public and available to anyone.
3. Some insurance companies tell their insurers that "fees are above the usual and customary" rather than saying "our benefits are low" or "below average." The amount your plan pays is determined by how much your employer paid for the contract with the insurance company. The less your employer paid in premiums the lower the amount of benefits you will receive. Remember, you get back only what your employer and you paid in, less the insurance company profits.
4. Dental insurance is never meant to be a pay-all; but rather to be an aid.
5. Many insurance companies state that patients are covered for 80% to 100% of their dental expenses. They do not explain that percentage payment is based on a fee schedule that often is not published or given to anyone outside the insurance company. They also do not take into account deductibles, exclusions, alternate treatment options or other limitations.
6. Many accepted and routine services are NOT covered by insurance carriers even if these procedures would save the insurance company money over the years. (i.e. adult sealant and/or fluoride treatments, more frequent care (hygiene) visits, higher quality and longer lasting restorations.)
7. Insurance contracts are made between the patient and the insurance company - not the dentist and the insurance company. It is therefore often beneficial for the patient to contact the employer or carrier if a question or dispute arises. Our staff wants to help you receive the maximum benefit you are entitled to receive under your contract. We want you to feel comfortable in dealing with these matters and know that we are there to help you receive these benefits.