

# Things You Should Know About Dental Insurance

Your dental health is our primary concern and we want to extend to you the highest quality of care, not to an insurance company. The insurance company is responsible to help cover cost for the patient and the patient is responsible to cover cost to the doctor. Dental Insurance is playing a larger role in helping people obtain dental treatment. Since we strongly feel our patients deserve the best possible dental care we can provide, we would like to share some facts about dental insurance with you.

- You may receive a letter from your insurance company stating that dental fees are higher than Usual and Customary (UCR). An insurance company surveys a geographic area, finds the average fee, then takes 90% off that fee and considers it "customary". Included in the fee survey are discounted dental offices which can bring down the average. A doctor or group of doctors in a private practice may have fees that are considered higher than average.
- Dental insurance is not meant to be Pay-For-All, it is only meant to be a financial aid. Deductibles and estimates of co-payments due when services are rendered is standard practice.
- Many plans tell their insured they will be covered "up to 80%" or "up to 100%", or our personal favorite "2 free cleanings a year", but do not clearly specify the plan's fee schedule allowances, annual maximums or limitations. We have found that most insurance plans say they cover 100% of preventative care, 80% of basic (fillings, extractions, gum therapy) and 50% of major care (crowns, partials, dentures and root canal therapy) based on the dental insurance plans pre-established maximum fee allowance which varies from carrier to carrier and employer to employer.
- It has been the experience of many dentist that some insurance companies tell their insured that "fees are above usual and customary rates" rather than saying "our benefits are low". The amount your plan pays is determined by how much was paid for the plan by your employers. The less paid in premiums for the insurance coverage the less you will receive in benefits. Remember, you get back only the premiums paid into the plan less approximately 30% in insurance company administration costs.
- Many routine dental services are **NOT** covered by insurance companies. Each year we see more limits placed on the frequency of services, age limits, and waiting periods before coverage begins, pre-existing clauses, and allowing lesser benefits for desired procedures calling them "cosmetic and unnecessary"
- Most insurance companies take between four and six weeks to issue payment to the dental practice. If you receive a statement that shows your balance is higher than expected, do not be alarmed. Please allow time for the insurance company to make payment. If the insurance company denies payment to the dental provider or pays less than the estimated amount, then the remaining balance due is ultimately your responsibility.

**Dental insurance is getting more and more confusing every day, we will do our best to guide you in obtaining your insurance maximum benefits. Our office will file your insurance claims as a no cost courtesy to you. If you have questions regarding insurance payments that your insurance company has or has not paid on your behalf, please call our office.**