



Dental Insurance Information

Please read and sign if you have dental insurance. If you have any Questions our insurance manager will be happy to help you.

Be familiar with your insurance policy. *Your policy is a contract between you and your employer. Although you may have the same insurance company as your neighbor (i.e.: Delta Dental), each policy may vary greatly depending on the policy your employer purchased. We will gladly submit dental claims to your primary insurance company as a courtesy to you. If payment is not received from the insurance company within 45 days, the patient is responsible for the account balance at that time. A credit will be issued to the patient should the insurance payment be received after the balance was paid in full.*

Usual and Customary (UC): Many insurance policies will quote a percentage of coverage for the various procedures followed by "U & C". "Usual and Customary" is a dollar amount that the insurance company deems as the amount that will be covered. Although these limits are called "customary", they may or may not reflect the fee the dentist charges. *"Exceeding the plan's customary fee, however, does not mean your dentist has overcharged for the procedure". (ADA 2008)*

Annual Maximums: Many people are under the impression that if they have an annual maximum of \$2000, then they will automatically be entitled to the whole amount by the end of the year. This is not always true. Payment on each claim is determined by many variables. Some determining factors are frequency, Usual and Customary, waiting periods, covered procedures, age limitations, or necessity (refer to **your** policy manual). *"The plan purchaser/employer makes the final decision on "maximum levels" of reimbursement through the contract with the insurance company". (ADA 2008)*

Waiting Periods: Some new policies have "waiting periods". This means that some or all procedures may not be covered for X amount of time (refer to **your** insurance policy manual)

Pre-existing condition /Missing Tooth Clause: Some policies have a missing tooth clause, meaning that there is no coverage for teeth that are missing prior to the effective date of your policy. *Even though your plan may not cover certain conditions, treatment may still be necessary.*

Replacement: Most policies have a replacement time for crowns, bridges, dentures or prosthetics. In many cases the replacement time is five, eight or ten years. If you are replacing your crown (or any other prosthetic) prior to the allotted time, it will not be covered no matter what the circumstance. *It is your responsibility to know how old your crown is before replacing.*

Coordination of Benefits: This is a method of integrating benefits payable for the same patient under more than one plan. Benefits from all sources should not exceed 100% of total charges. *Even though you may have two or more dental benefits in place, there is no guarantee that any plans will pay for your services.*

Medical Insurance: In some special cases, dental treatment may be covered by medical insurance. We will assist you in any way that we can, however, we are not a medical facility and regardless of any medical insurance, payments will be due at the time of service. Credit will be issued, should we receive any insurance payments upon completion of the case.

Know Your Policy! The best thing you could do is to pull out your insurance policy and get to know it well. If you don't have an updated copy of your agreement, call the HR person at your place of employment and ask for one. We will be happy to assist you in any way that we can; but, we are limited in what we can do. Insurance companies typically respond better to inquiries made by the patient rather than by the provider's office. Remember, your insurance policy is a contract between you, your employer, and your insurance company.

Due to the variety of insurance companies our patients have, we can not be responsible for knowing your policy. Again we must emphasize, we will assist you to the best of our ability, however please remember this is your policy and you must know the parameters set by your employer. Note that we are out of network and your insurance company may reduce your benefit. We cannot provide the quality of care our patients have come to expect due to the limitations placed on us being in-network.

Signature _____

Date _____