

## To Our Patients Who Have Dental Insurance,

We are very pleased that you have selected us to perform your dental treatment. It is our wish that your dental health is the very best that it can be. With the assistance that your insurance company provides, good dental health is a simple matter.

Please remember that your insurance coverage is a contract between you, your employer, and the dental insurance company and does not involve the dentist. As a result of the Privacy Act, dental benefit companies may not be able to give out certain information to dental offices, so we may not always know the details of your coverage, and we may not even be allowed to phone the company to find out any information for you.

There are many different policies and forms of coverage. For example, some plans cover as little as 20% of dental treatment costs, while others cover as much as 100%. Some very necessary procedures may not be covered at all. Please also be aware that your coverage may not be based on the current dental fee guide. Our fees are based on our clinical expertise, the quality of care and materials provided. We are charging according to the current fee guide, which is higher than the average dental benefits plan.

As a courtesy, our business team would be happy to help you understand your plan and fill out your forms as best we can. Certain companies even allow us to submit your claim electronically, in which case you generally receive your reimbursement in the mail within a few days.

We encourage our patients to become familiar with their dental plan, and to this end, we have prepared an "Insurance Work Form" that allows you to call your dental insurance company and find out the information you need to know about your plan.

We are happy to provide our patients with an estimate of treatment fees that you may submit to your insurance company for confirmation of coverage. This will enable you to plan your finances prior to starting any treatment. It will also help you avoid the disappointment of unexpected out of pocket expenses. We are always ready to discuss fees and payment options with you.

You need to be aware that insurance companies will sometimes send back estimates with a request for cheaper alternative treatment plans. We are happy to discuss the advantages and disadvantages of any alternative plans and choices with you prior to treatment.

To further help you understand your dental benefit coverage, we have compiled a list of insurance terms with which you should be familiar:

**ANNUAL MAXIMUM:** Most insurance companies have an annual maximum amount of coverage per calendar year for each patient listed under the insurance policy. Sometimes it is broken down into a certain amount allowed for basic services and another amount

allowed for major services, but usually, it is one overall amount allowed for all dental services covered.

**DEDUCTIBLE:** The dollar amount the patient pays toward their treatment total before insurance coverage begins.

**ELIGIBILITY:** This determines who is covered under the insurance policy.

**EXCLUSIONS:** Many dental services and treatments that are clinically necessary are not covered by dental insurance. These are usually described in your insurance booklet, but please be aware that more and more treatments are being excluded to reduce costs.

**CO-PAYMENT:** This is the “out of pocket” part of the treatment fee that is not covered by dental insurance. The insurance company will pay a certain percentage of the treatment, but it very rarely pays 100%.

**DUAL COVERAGE:** This is when both spouses are covered by different plans. The insurance companies usually coordinate the benefits so that the patient does not receive more than 100% of the cost of the treatment.