



## Office Insurance and Financial Policies

### Insurance policies:

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount that insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. If you have not paid your balance within 90 days a finance charge of 1.5% will be added to your account each month until paid. We will be glad to send a refund to you once insurance has paid us.

PLEASE UNDERSTAND that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment; we at no time guarantee what your insurance will or will not do with each claim. Please make sure we have your correct insurance information.

### Fact 1—NO INSURANCE PAYS 100% OF ALL PROCEDURES

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company.

### Fact 2 —BENEFITS ARE NOT DETERMINED BY OUR OFFICE

You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee exceeded the usual, customary, or reasonable fee ("UCR") used by the company. A statement such as this gives the impression that a fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate. Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily choose a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit. Unfortunately, insurance companies imply that your dentist is "overcharging" rather than saying that they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

### Fact 3 –DEDUCTIBLES & COPAYMENTS MUST BE CONSIDERED

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as it's usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of \$100.00, or \$80.00. Out of a \$150.00 fee they will pay an estimated \$80.00, leaving a remaining portion of \$70.00 (to be paid by the patient). Of course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.

**MOST IMPORTANTLY**, keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment. We will be unaware of any of these changes unless you bring them to our attention.

#### Financial policies:

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please feel free to ask our front desk staff. We are dedicated to providing the best possible care and service to your child and regard your complete understanding of our financial policies as an essential element of care and treatment. A treatment plan will be prepared for you, which will detail your child's dental needs as well as the related estimated costs of that treatment. Our office is a fee for service dental office, and full payment or insurance co-payments are due at the time of service.

- Payment is due at the time of service unless other arrangements have been made in advance by either yourself or your dental plan coverage. For your convenience, we will accept cash, check, Visa or MasterCard.
- Your insurance is a contact between you and your insurance company. As a courtesy, upon verification of coverage, we will file your insurance claim for you, collecting at the time of service and estimated co-payment, if you assign the benefits to the doctor; in other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment.
- All dental plans are not the same and do not cover the same services. In the event your dental plan determines a service to be "not covered" or over what they deem "usual and customary charges", you will be responsible for this amount. Payment is due upon receipt of statement from our office.
- We will look to the guardian of the minor for consent and financials regarding any and all services rendered.

If you have any questions, please feel free to speak with our front desk staff directly at 408-446-4353

Thank you for being a valued patient!