

INFORMATION FOR PATIENTS WITH INSURANCE

It is a pleasure to be your partner for optimal dental health! A healthy smile and the total well-being that follows is a great achievement! We feel honored to get to know you and are pleased to have this opportunity to care for you.

Our mission is to provide state-of-the-art dental care that will serve our patients today, as well as in the future. We aim to create an exceptional experience, to help to keep you abreast of ways to protect your dental health and to offer comfort to your total individuality.

We understand that “dental insurance” has limitations and this is why we refer to it as a “dental benefit”.

- “Dental insurance” differs greatly from general health insurance or other forms of casualty insurance because it is meant to be used routinely versus for catastrophic purposes alone. This is why it is common to see limitations set within a “dental insurance plan”.
- These limitations help the insurance carrier and the employer-purchaser contain their costs. These limitations come in the following forms: Benefit Basis for payments... for example, whether the benefits are based on usual, reasonable and customary market values for the fee basis (UCR) or on an arbitrary fee basis (Maximum Plan Allowance Fee Schedule).
- Other forms of limitations can be seen in the plan’s Annual Maximum for benefits, the Deductibles, the percentages for Co-payments, Benefit Exclusions, Least Cost Alternative Benefit Provisions, Exclusion of Major Procedures, Limitations on Frequency, Limitations on Ages for Procedures, Etc...The list can go on, but these are the most common.
- Since the 1960’s, many plans’ maximum benefit has remained at \$1000 per calendar year. One only needs to consider the costs of inflation, the costs of living, and the costs of better dental technology over this same period of time to conclude that... although premiums have increased and although benefits have not, “dental insurance” in a truer sense has really become a limited but wonderful “Dental Benefit”.
- Understanding this information helps explain why “dental insurance” does not pay 100% of all fees. Plans will pay 100% of the limitations set forth in the agreement between the insurance carrier and the employer-purchaser. Sometimes, the reality of a patient’s best interest for optimal oral care or the costs for maintaining high standards is rarely given full attention.

As a team of caring dental professionals, our objective is to provide optimal comprehensive care. We will strive to answer all of your questions and concerns before dental treatment is rendered. We will make you aware of our fees and will be happy to discuss any financial arrangements, if necessary, before your care.

For our patients with “Dental Benefits”, we offer the following options. Please check off your preference:

(Turn over)

- ☐ I will pay for services at the time of treatment and be reimbursed with the assignment of dental benefit returned to me directly from the dental benefit carrier.
 - We will file your claim for you and include any required documentation, such as x-rays, diagnostic charting, or additional narrative when it is required.
 - Insurance carriers generally reimburse to the patient within 2 - 4 weeks.
 - PA State Insurance Laws state that a carrier must provide benefit payment within 30 days; whenever a claim exists past 30 days, please notify us so we may help you with follow up.

- ☐ I will assign my dental benefits to the Office as payment toward my services. I realize I am responsible for the Office's full fee for my dental care.
 - In this case, you will pay an estimated patient co-pay portion at the time of service.
 - All balances are due upon receipt from your dental benefit carrier.
 - You may authorize payments for these final balances with a form of credit to be held on file.
 - Please make us aware of accounts marked with Flex Dollars.
 - We do our best to research the dental benefit information you provide. If after your procedure, the assignment from your insurance carrier is more than we estimated, we will gladly refund any overage.

I understand that the Office will rely on me to update them whenever my dental benefit plan changes. I will notify the Office of any change before my dental services take place.

Signature _____ Date _____