



## INFORMATION FOR PATIENTS WITH DENTAL INSURANCE

If you have dental insurance, we will assist you in every way possible to maximize your dental insurance benefits; including filling out and filing the forms at no charge. Of course, it is your responsibility to deal with your insurance company and your employer regarding your premiums and coverage.

We want to help you take full advantage of insurance reimbursement; however, we will recommend the best treatment options for you without limiting ourselves to the coverages of your insurance policy.

Here is some information about the dental insurance system helping to explain what is best for you may not always be the same as what your insurance will pay:

**FACT #1:** Dental insurance differs in some ways from regular health insurance. Not everyone gets ill, but nearly everyone has dental related costs. The amount of money available to pay insurance costs is equal to the amount contributed by the employees and employers minus costs of operating the insurance company and a normal company profit. So the lower your premiums for insurance, the less money there is available to pay claims.

**FACT #2:** To protect themselves, insurance companies usually make up a fee schedule of what they view as "usual and customary fees (UCR)." It is our experience in dealing with multiple dental insurance plans some schedules actually only cover 40-50% of UCR fees while others may cover up to 80% with certain deductibles, maximums, and exclusions. Rarely does insurance cover the full UCR fees.

**FACT #3:** Since insurance companies are a business selling insurance plans to make a profit, it is natural they may try to shift the blame for their lack of coverage onto the dentist and the office fee schedule rather than admitting their coverage is less than customary.

It is appropriate for you to contact your insurance carrier and ask any questions regarding the details of your insurance plan they are providing on your behalf.

We will do our best to make an accurate estimation of what your insurance plan will pay so you know in advance **approximately** how much you may need to pay over and above your insurance coverage.

We want you to be comfortable in dealing with these matters and urge you to ask us if you have any questions regarding our services and fees.

I authorize the release of all necessary information to my insurance company. I authorize payment of benefits directly to the provider.

I have read this form and agree to be financially responsible for all fees, regardless of insurance coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_