

YOU AND YOUR INSURANCE

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INSURANCE

If you have dental insurance, we are **experts** at helping you determine insurance company benefits. Please bring your benefits booklet or your insurance card to your first appointment. Lois has been dealing with insurance companies for over 30 years and will be happy to help you determine your benefits. We accept most types of dental insurance as well as **assignment of benefits** which means that we will accept insurance payment for services toward your account that would otherwise be payable to you. We offer this service so that you do not have to pay for all of your services up front.

Your dental insurance policy is a contract between your employer, who selects your coverage, and your insurance company. You, the subscriber, receives benefits as defined within your plan. As a service to you, we are happy to work on **your** behalf with your insurance carrier to maximize your benefits and to directly bill them for reimbursement of your treatment. However, you are ultimately responsible for any unreimbursed treatment. Most insurance companies typically pay for their claims in 7-30 days. Nevertheless, if we have not received payment from the insurance company within 60 days, you will be billed for the unreimbursed amount. At that point you will need to contact the insurance company directly to work out any problems.

Most dental insurance companies do not cover 100% of the cost of your treatment, with the typical exception of preventive care. Therefore, you will be asked to pay an estimate of your deductible and co-payment on the day the services are rendered if other arrangements have not been made. We will **estimate** as closely as possible your coverage, but until we receive the actual payment, we will not know your exact responsibility. Rest assured that any overpayment will be refunded to you or credited to your account for future use at your option.

HELPING YOU UNDERSTAND HOW INSURANCE WORKS

The level of benefits you receive are a direct result of how much your employer pays the insurance company for your policy. For example, two employers both buy Blue Cross Blue Shield (BCBS) insurance for their employees. Company A pays BCBS \$50/month for the benefits while Company B pays \$35/month. When someone from Company A needs a bridge to replace a missing tooth, BCBS may pay 80% of the cost of the bridge while an employee of Company B will only receive benefits of 50% or it might not even be covered at all.

Sometimes benefit amounts for treatment are based on an arbitrary "fee schedule" set by insurance companies. So even though they may claim to cover a given procedure at 80%, they are actually covering 80% of an arbitrary amount set by them, not by what dentists are actually charging for that service. Speaking to someone in your Human Resources Department would be appropriate if you are not happy with your insurance company's benefits.

DON'T LOSE YOUR INSURANCE BENEFITS

Most third party plans will provide you with at least \$1000 per year to use on your dental care and frequently they will cover 100% of the cost of your dental exams and simple cleanings twice a year. Often, those benefits are lost forever on December 31 of each year. Don't let your unused insurance benefits expire. The benefits are already paid for by your employer so why not use them to prevent more costly and serious problems down the line?