

Myths About Dental Insurance

1. My insurance should pay for all my care

TRUTH: Insurance is meant to help fray the costs of dental care. No insurance pays 100% for all procedures and there can be large discrepancies in the benefits provided based on the contract the employer has selected with the insurance company.

In the 1960's yearly insurance maximums were \$1,000-1,500. Today many plans still have these same maximums. Adjusted for inflation these maximums should be around \$6,000 in today's dollars.

2. If I have two insurances, I should not have any remaining balance for treatment

TRUTH: Most of the time you will still have a balance for treatment. Some treatments may not be covered by either insurance company. Additionally the secondary insurance may not make any additional payment if the primary insurance has paid more than the secondary insurance's "usual and customary fees."

3. Insurance company benefits and limitations are in place to help guide me to what procedures are necessary and which are not.

TRUTH: Benefits and limitations are set by each insurance company and may have no relationship to what is necessary and what is not. For example, many insurance companies have age restrictions for sealants, frequency limitations for radiographs (x-rays) and fluoride, and many do not cover nitrous oxide (laughing gas). Science and clinical experience have proven these treatments to be beneficial and necessary.

4. Insurance companies' usual and customary fees are an accurate representation of what dentists should be charging.

TRUTH: "Usual and customary" is a term coined by insurance companies and has no relationship whatsoever to what is truly usual and customary. It is a misleading term that has resulted in customers feeling they are being overcharged when in fact the dental insurance company is underpaying or provides poor benefits. "Usual and customary" fees can vary greatly with different insurance companies. If the fees were actually usual and customary, shouldn't they be similar between the different companies and plans? Generally speaking, a plan that is less costly to the employer will usually have a lower usual and customary fee schedule.

5. The dental office has to work with me to get better benefits

TRUTH: Although many offices will file your insurance as a courtesy, none are under any obligation to do so. Insurance companies are under no obligation to take our phone calls, provide correct information, and are increasingly difficult to get in touch with. Additionally, insurance companies will only pay what they are going to pay based on the

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the specific procedures and protocols that must be followed to ensure that all records are properly maintained and updated.

3. The third part of the document provides a detailed overview of the various systems and tools that are used to manage and store the organization's data. It includes information on the security measures in place to protect this information from unauthorized access or loss.

4. The fourth part of the document discusses the role of the various departments and individuals involved in the record-keeping process. It highlights the importance of clear communication and collaboration between all parties involved.

5. The fifth part of the document provides a summary of the key findings and recommendations from the review. It identifies areas where improvements can be made and provides specific suggestions for how these can be implemented.

6. The sixth part of the document includes a list of the various documents and records that are currently being maintained by the organization. This list serves as a reference for all parties involved in the record-keeping process.

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plan's benefits and limitations. If you feel your benefits are deficient, we advise you to talk to your employer or HR to inquire about contracting with a better plan.

6. A dentist who is a “preferred provider” has been vetted by the insurance company to be a better dentist, clinically and ethically

TRUTH: “Preferred provider” is a misleading term created by insurance companies. It does not mean the dentist is in any way better than a non-preferred provider. It only means that the provider has chosen to join the insurance company's network.

Finally and most importantly:

7. The insurance company cares about my health

TRUTH: Insurance companies are in business to make a profit. They are not in the healthcare business. They care no more about your health than your auto insurance cares about the health of your car.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support effective decision-making.

3. The third part of the document focuses on the role of technology in modern data management. It discusses how advanced software solutions can streamline data collection, storage, and analysis, leading to more efficient and accurate results.

4. The fourth part of the document addresses the challenges associated with data security and privacy. It provides insights into best practices for protecting sensitive information and ensuring compliance with relevant regulations.

5. The final part of the document concludes by summarizing the key findings and recommendations. It stresses the importance of ongoing monitoring and evaluation to ensure that data management practices remain effective and up-to-date.

The document also includes a detailed analysis of the data collected, showing trends and patterns that are critical for understanding the organization's performance. This analysis is supported by various charts and graphs that provide a visual representation of the data.

Furthermore, the document provides a comprehensive overview of the data management process, from data collection to data analysis and reporting. It details the steps involved in each stage and the tools and techniques used to facilitate these processes.

In addition, the document discusses the importance of data quality and the steps taken to ensure that the data is accurate and reliable. It also addresses the issue of data integration and how different data sources are combined to provide a complete picture of the organization's activities.

The document also includes a section on data governance, which outlines the policies and procedures for managing data throughout its lifecycle. This section is crucial for ensuring that data is used responsibly and in compliance with all applicable laws and regulations.

Overall, the document provides a thorough and detailed look at data management in a modern organization. It offers valuable insights and practical advice that can help organizations improve their data management practices and make the most of their data.