

# Dental Insurance Information

## Person Responsible for Account with Insurance Plan

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone # \_\_\_\_\_

Address if different than patient: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Dental Insurance

Employer of Insured \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Subscriber ID # \_\_\_\_\_

Group # \_\_\_\_\_

Phone # for Providers/Claims \_\_\_\_\_

Claims Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Our Office Policy Regarding Dental Insurance

If we have received all 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 insurance is not expected to pay. By law, your insurance company is required to pay each claim within 30 days of receipt. We file all insurance electronically, so your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. **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. We also cannot be responsible for any errors in filing your insurance. Once again, we file claims as a courtesy to you.

**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 has exceeded the usual, customary, or reasonable fee ("UCR") used by the company. A statement such as this gives the impression that any 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 chooses 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 say 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 & CO-PAYMENTS MUST BE CONSIDERED** When estimating dental benefits, deductibles and percentages must be considered.