

UNDERSTANDING YOUR INSURANCE AND YOUR BILL STATEMENT

At Advanced Dental & Oral Surgery our main goal is to partner with you to achieve a higher standard of oral health. We certainly understand that the insurance business is very complex and this complexity can lead to frustration. Our team wants to help you receive the maximum benefit that you are entitled to under your insurance plan by filing claims as a service to you.

Your insurance policy is a contract between you and your insurance company. If our office is able to accept your insurance company's assignment, it does not absolve the patient of responsibility for the charges in full for treatment rendered. Any estimate provided by our office is considered a guideline until the final insurance payment, if any, is received and that patient's account has been reconciled. Our office can make no guarantee of the insurance payment as estimated. The agreed upon payment plan for the patient's estimated portion must be kept current or the assignment will be cancelled and the full amount will become due and payable. Claims are submitted promptly after treatment is rendered. If a claim is not paid by the patient's insurance company by the 31st day after treatment is rendered, the total outstanding account balance will be billed to the patient. Our administrative staff prides itself on helping our patients maximize their benefits. We are always available to answer any question you may have regarding our services.

We strive to give each of our patients the optimum treatment plan and level of care available; therefore, **we base your dental treatment on what is best for your health and do not let insurance coverage dictate your dental care.** Any treatment which is not covered (in part or in full) by your insurance plan will be your financial responsibility. We will be glad to help you set up financial arrangements for any outstanding balance on your account. If you have any questions about our financial options, please contact us.

Many dental plans are based on a contract between an employer and the insurance company. They agree on the amount that the plan pays and what procedures are covered. If you have a dental care need that is not covered by your plan, you are responsible for that cost. Because your dentist is not part of that contract with the insurance company, any information we have about a dental plan's benefits comes from the general information the insurance company has provided about that plan (through a web portal, speaking to an insurance representative, or by way of a limited, faxed benefit summary).

A dental plan may not cover treatment for conditions that existed before you enrolled in that specific plan (such as treatment in progress). Even if your plan does not pay for certain procedures, you may still need that treatment to keep your mouth healthy. Your dentist will base your treatment plan on what you need, which won't always align to what your insurance will pay for. Dental insurance rarely covers 100% of the services provided. Check your plan(s) for details regarding your benefit.

KEY WORDS

Dental Insurance Benefits – The amount your insurance company is contracted to pay for services and/or procedures provided by a dentist.

Deductible – Total dollar amount the patient is responsible for covering before insurance begins paying benefits.

Preauthorization – Recommended treatment is presented to the insurance company to determine how much will be approved for coverage.

Co-Pay – Dollar amounts the patient is responsible for at the time of services rendered.

In-Network/Out-of-Network – Services provided in a dental insurance policy either by a contracted or non-contracted dentist. In-network dentists are considered to be contracted and are therefore obligated to provide treatment coverage as outlined by certain guidelines.

I have more than one dental insurance plan. Can I use both?

Absolutely. However, even though you may have two dental benefit plans, there is no guarantee that both plans will pay for your services. Some secondary plans will not pay until you have exhausted the entire maximum of your primary coverage. In most cases, even if both plans pay, the payments from all insurers will not add up to more than the total charges.

The coverage is between the patient, the employer and the insurance carrier. The dentist has no power to make the insurance carrier pay for recommended treatment. Dental plans differ significantly. Each patient should know and understand his or her individual benefit package. Please contact your insurance company at the telephone number on your insurance card if you have questions regarding your coverage. Patients with dental insurance are responsible for paying any co-payment, deductible, or fees for **non-covered** services at the time the services are rendered. We will be happy to give you an estimated treatment plan, however this is only an estimate and the patient is ultimately responsible for any payment not covered by insurance.