

► Facts About Dental Insurance

As an optimal care dental practice, we believe our patients deserve a healthy mouth and should have the best possible dental services that can be provided. In an effort to maintain a high quality of care, we would like to share with you some facts about dental insurance.

Fact#1: Your dental insurance does not care if you keep your teeth, but we do! The treatment we recommend and the fees we charge will always be based on *your* individual needs, *NOT* your insurance company's idea of what *they* believe you need. Many routine dental services are not covered by insurance companies. This does not mean they aren't necessary or appropriate, it just means they are not covered by your insurance plan.

Fact#2: Your dental insurance is based upon a contract between you and/or your employer and the insurance company. Should questions arise regarding your dental insurance benefits, it is best for you to contact your employer or the insurance company directly.

Fact#3: As a courtesy to you, we will file to your insurance company on your behalf; but we receive no gratuity from your employer or the insurance company by doing so. As a courtesy, we will do everything we can to help you understand your insurance coverage and to utilize every benefit dollar of which you are entitled.

Fact#4: Dental insurance benefits are very different than medical health insurance benefits and vary significantly from one dental plan to the next. Dental insurance plans first appeared in the early 1970's and offered a yearly benefit maximum of \$1,000. Today (40 years later) most plans still have an annual maximum of \$1,000. Allowing for a conservative 6% yearly rate of inflation, your yearly plan maximums should be in excess of \$4,500 today! Instead, your premiums have increased while your benefits have not. Therefore, dental insurance is never a pay-all; it is only an aid.

Fact#5: You may receive a notification from your insurance company stating that dental fees are higher than usual and customary. Insurance companies never reveal how they determine usual, customary, and reasonable (UCR) fees. A recent survey done in the State of Washington found at least eight different UCR fee schedules for one zip code in the Seattle area. They are least determined by taking some percentage of an average fee for a particular procedure in a geographic area. Average has been defined as the worst of the best or the best of the worst. *We are not an average dental practice, and we do not charge average dental practice fees.*

Fact#6: Many plans tell their participants that they will be covered up to 80% or up to 100%, but do not clearly specify plan fee schedule allowances, annual maximum, or limitations. It is more realistic to expect dental insurance to cover 35% to 50% of major services. Remember, the amount a plan pays is determined by how much the employer paid for the plan. You get back only what your employer puts in, less the profits of the insurance company.

The ultimate decision as to what will be done and how fast we proceed will always be made by you. Based on your decision, we will discuss the total cost of treatment and what assistance you can expect from your dental insurance. All arrangements are strictly between you and our office. The full responsibility for payment of services rendered will always lie with you.