

## DENTAL INSURANCE GUIDE

Welcome to Modern Day Smiles! Thank you from the entire team for choosing us to be your healthcare provider. Treating your dental needs and doing so with efficient communication is our #1 priority.

Having said, we understand that dental insurance can be considerably useful, although be-it-may, it can be quite complicated. Let us help to clarify some common attributes that your policy may or may not have, and how it helps us determine your treatment estimates.

Let's start with the information that we were able to obtain from your insurance company when we requested a summary of your benefits and coverage:

**Maximum-** the total that insurance has agreed to pay towards your procedures every year

**Deductible-** the dollar amount your insurance has you pay before it begins to cover your procedures

**Copay-** the *contracted dollar amount* that you owe for a procedure (HMO policies)

**Coinsurance-** the *contracted percent of the fee* that you owe towards a procedure (PPO policies)

With this information, we were able to give a pretty solid estimate of the fees that we anticipate you and your insurance are responsible for when you have your proposed treatment performed; however, we can't stress enough that these are *only estimates*. Most insurance companies (and this is policy-by-policy within the company) have some rules and regulations regarding specific procedures. These policies are not always given to us prior to treatment, and more often than not, we find out about these implemented rules once treatment is performed and claims are submitted. Common policy guidelines that may alter estimates for treatment include:

**Downgrading-** This is when your insurance pays for a less expensive material, like an all metal crown or silver filling, and it mostly happens on molars, or back teeth. When this happens, you become responsible for the difference in the fee for the procedure performed and the fee that insurance "accepted" for this procedure.

**Missing Tooth Clause-** This is when your insurance company has a rule that it will not pay to replace a missing tooth if the tooth was removed under a *different policy*. If this rule is in place, it can affect the estimate for implants, dentures/partials, and fixed bridgework because your insurance will not cover the replacement, therefore, will not cover the entire appliance.

**Frequencies-** Sometimes insurance agrees to cover procedures, but only every-so-often or with a limit to how many procedures per contract year. For instance, they may agree to cover cleanings at 100% but only two-times per year. Another example would be a crown on a tooth: they may agree to cover crowns at 50% but they will only pay for a crown on the same tooth once every 5 years. This is extremely common and applies to just about every procedure.

**Waiting Period-** This is the least common rule that we find on policies, but it does apply from time-to-time and especially on policies that were just recently activated. It essentially is the time frame your insurance has requested that you have your policy in place before it agrees to begin covering for certain procedures.

Ideally, we would love to receive every detail of your policy to provide better estimates, but very rarely do insurance policies provide us with it. *Policy provisions and limitations do not determine when and how we base our treatment plans*. It is important that you are aware of these rules your policy may have in place. What we *can* do is provide you with ways you can contact your insurance company so that you may ask these questions and get a better understanding of your coverage before treatment is rendered.

We look forward to being your healthcare provider, and we encourage you to ask us questions if you should feel you have any.

*I have read the Dental Insurance guide above and have asked all questions that I have at this time. I understand that all treatment plan quotes are only estimates, and if my insurance policy has in place any provisions or limitations regarding said treatment, I am fully aware that the estimates will change. I understand that it is my responsibility to contact my insurance company should I have any questions regarding my policy and decisions of claims based on my coverage.*

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_