

# Dental Insurance Coverage

## *Responsibility for Payment*

Your employer, management, or union has purchased dental insurance coverage from a selection of plans offered by an insurance company or broker. Each insurance company offers many different plans. The type of dental benefits that are covered relate to the dollar amount spent on the benefit package. Generally, the more money spent on a plan, the more services are covered. Most dental insurance covers only 50% to 80% of the cost of treatment. Major services (crowns, bridges, etc.), which are the most expensive dental procedures, are usually only covered at a 50% rate. For example, some dental benefit packages will not cover the fees for porcelain (tooth-colored material) crowns on teeth that are not visible when you talk or smile; they will only pay for a metal crown. Under this type of plan you must pay the full amount of the cost of the porcelain on those teeth. According to insurance companies, fillings in front teeth have both functional use and cosmetic components. They will pay for the functional part but not the full amount for the cosmetic restorations.

The fees charged for dental treatment reflect the many different parts of a particular procedure or procedures. Treatment for your particular needs may or may not fall within the limits set by your particular dental plan. Many dental procedures may not even be listed in your insurance's procedure/payment schedule. If your dental procedure falls into this category, you may not receive any insurance reimbursement for that procedure. **You are ultimately responsible for paying the entire fee for an accepted dental treatment, regardless of your insurance coverage.**

## *Choosing Treatment Options*

Our goal through your examination, diagnosis, and treatment phases is to provide you with the best possible oral health. We do not allow the insurance company to tell us how to treat you. We recommend to you those treatments that we believe you need and we will discuss alternative plans with you. Whether or not the recommended treatment is a covered dental benefit is between you and your employer and the insurance carrier.

## *Submitting the Claim*

We are happy to help you receive the maximum benefits you are allowed from your dental coverage. In order for us to submit your insurance claim, we will need an insurance form with your portion completed and signed. We deal with dental insurance companies on a daily basis; therefore, we have a great deal of experience submitting these claims to insurance carriers. We take great care in submitting claims properly the first time. There are three things we **cannot** do: 1) Alter the date of treatment; 2) Submit a claim for more than the actual fee; 3) Submit a claim for procedures that have not been performed. Because it is not at all uncommon for the insurance carriers to make a mistake, we would prefer to submit the claims ourselves, and then verify proper payment. Insurance carriers may respond to requests for payment of preauthorized treatment in as little as a week or as long as 45 days. Please be patient; we have no control over the post office or the speed with which the insurance carrier processes your claim.

Our office cannot negotiate with your insurance company for reimbursement of dental expenses. Only the purchaser of the plan (your employer) can negotiate better coverage. If you would like better or more coverage, you will need to talk with your plan purchaser about the features you want in your dental plan.

**If you have any questions about your dental insurance coverage, please feel free to ask us.**