



PAYMENT AND INSURANCE

Payment is required as dental services are rendered, and we are happy to provide you with an estimate for your recommended treatment plan.

Our office accepts cash, personal checks, Visa, MasterCard, Discover and American Express as forms of payment and Care Credit as outside financing.

Our office does not participate with ANY insurance. All out-of-network benefits will apply. Please know benefits may be reduced if a patient does not see a PPO provider. Patients are responsible for knowing their plan benefits such as copayments and deductibles, as well as any expenses that are not covered by the insurance company.

As a courtesy to patients, our office will file claims with one insurance company. Our office is not responsible for filing secondary insurance.

Always provide our office with the most current insurance information such as policy name, insurance company address, or change of employment. If you have any questions regarding insurance, please contact your insurance carrier directly.

We will provide follow up information to any rejected claims to maximize the patient's benefit; however, after 60 days the patient is responsible for any balance on their account.

PLEASE UNDERSTAND that 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 cannot be responsible for any errors in filling your insurance; once again we file claims as a courtesy to you.

Dental Insurance Facts

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. For non-preventive dental treatment, we ask you to pay 20% - 50% of the treatment at the time service is rendered.

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 exceeds the usual, customary, or reasonable fee ("UCR") used by the insurance 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 "reasonable".

Frequently Asked Questions

Why is there an annual maximum on my benefits?

Maximums limit what a carrier has to cover each year. Amazingly, despite the fact that costs have steadily increased, annual maximum levels for dental care have changed very little since the 1960's.

What should I do if my insurance doesn't pay for treatment I think should be covered?

Because your insurance coverage is between you, your employer, and the insurance carrier, your dentist does not have the power to make your plan pay. If your insurance doesn't pay, you are responsible for the total cost of treatment. Your human resource department at your place of business may be able to assist you or you may file a complaint with the State Insurance Commissioner.