



UNDERSTANDING INSURANCE

We have prepared this letter to help you better understand the complexities of dental insurance; we realize how confusing it can be. To begin, we would like to highlight a misconception: **dental insurance is not designed to pay for all of your dental care.** Most contracts have yearly limits, treatment limitations and/or various degrees of “co-payments’. **If insurance denies or downgrades a claim, some or all of the remaining balance may be the patient’s responsibility.**

All levels of payment by insurance companies, including allowed fees, usual, customary, and reasonable are governed by the premium paid. They have nothing to do with the actual fee for service rendered. Our fees are based upon a combination of our costs, our time, and our consistent dedication to providing our patients with the highest quality of dental care. Thus, there is often a discrepancy between the amount covered under your policy’s schedule, and the actual cost of the procedure. **If there is a discrepancy it is the patient’s responsibility.**

The treatment recommended by our practice is never based on what your insurance company will pay, as your oral health care and accompanying treatment should not be governed by your insurance company contract.

Thus, it should be understood that **the dental insurance contract is between the insurance company and the patient.** If you are unclear as to whether a particular procedure is covered by your carrier, please submit a pre-estimate for the treatment before scheduling or asking us to submit one for you.

We hope this information has been helpful. Please take the time to review your insurance policy’s nuances thoroughly so that we may best serve you. As always, you may feel free to ask any member of our staff for clarification on services, billing and insurance.

Patient signature: _____ Date: _____