

At Village Park Family Dental, it is our pleasure to file your insurance claim for you. In order to provide this service, we ask that all insurance information be accurate on the day of your appointment. We ask our patients to check online or call their insurance prior to their visit to make sure they have CURRENT coverage, the insurance company has not changed, and that their insurance is indeed dental versus medical. It is often mistaken to provide medical insurance information where dental is necessary. Please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.

**PLEASE UNDERSTAND** that we file dental insurance as a courtesy to our patients. 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 at no time guarantee what your insurance will or will not do with each claim. We also can not be responsible for any errors in filing your insurance. Once again, we file claims as a courtesy to you.

Your insurance company is required to pay each claim within 30 days of receipt. Because we file all insurance electronically, your insurance company will receive each claim within days of the treatment. You are responsible for any balance on your account after 60 days, whether insurance has paid or not. If you have not paid your balance within 60 days a re-billing fee of 1.5% will be added to your account each month until paid. We will be glad to send a refund to you if your insurance pays us.

## **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.

## **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 has exceeded the usual, customary, or reasonable fee ("UCR") used by the 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 allowable. These allowable fees may vary widely, because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently, this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit.

Unfortunately, insurance companies imply that your dentist is "overcharging", rather than say that they are "underpaying", or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

## **Fact 3 - DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED**

When estimating dental benefits, deductibles, and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of \$100.00, or \$80.00. Out of a \$150.00 fee they will pay an estimated \$80.00 leaving a remaining portion of \$70.00 (to be paid by the patient). Of

course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.

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