



Understanding Your Insurance

Your insurance company will not cover all dental costs. It is very different than your medical insurance plan. You are responsible for your copayment/deductible and estimated patient portion of each procedure at each visit. We will file your insurance as a courtesy to you as our patient. Any remainder not paid by insurance is due within 30 days of your statement.

Our staff does their very best to help you get the most from your insurance benefits and to answer as many questions about your plan as possible. We will **estimate** what you will owe if you have insurance, however, each company, plan and fee schedule is very different. **There will likely be additional fees that you are responsible for paying once your insurance company has completed processing your claim.** This will be billed to you by mail once your insurance company has paid us and the amount of remainder that you owe is known. Your insurance company makes the final decision on all payments allowed.

If you are part of a Preferred Provider Network, we are unable to alter or discount your fees. Your fees are set directly by your insurance company. We are in-network providers for Delta Dental and Arkansas Blue Cross Blue Shield. We will file your claim with other insurance companies as well, but will be considered an out-of-network provider.

Your insurance policy is a contract between you and your insurance company. Any problems or discrepancies with the insurance company's payment should be directed to them as we cannot answer any questions regarding their payment decisions.

Your insurance plan does not correspond to you as an individual. Please be aware that we cannot choose your treatment based on what your insurance policy will or will not cover. You will be given the appropriate recommendations as to the **BEST** treatments for you. That means sometimes your insurance company will reject paying for certain treatments. It is your choice to accept or reject the recommended treatment. If you have concerns about the amount you will owe, please discuss those with our staff before you schedule your treatment. We **WILL ONLY** offer a treatment that is based on your best interest, not based on what your insurance allows or based on your plan limitations or remaining benefits. You are responsible for knowing your remaining benefits and choosing your treatment amounts accordingly. If your annual maximum benefits are exceeded, it is your responsibility to pay 100% of any overage. It is up to you to understand what your plan covers and know that you are always responsible for the full amount regardless of their payment.

You may have a waiting period for certain treatments set by your insurance company. It is your responsibility to know and understand your policy. Each policy is different and it is impossible for us to know the specifics of each plan.

We do not use amalgam fillings in this office except in rare cases. Tooth-colored fillings are used in almost all cases. Your insurance policy will not cover these fillings at the same percentage and will therefore leave you with more out-of-pocket cost. We do our best to help estimate your cost, but all differences after your insurance pays will be billed to you.

Due to changes and discrepancies in secondary insurance, we can no longer estimate your portion based on anything but your primary coverage. We will be happy to file your secondary coverage for you and apply any payment to your account as a credit. However, your estimated portion based on your primary insurance will be due at the time of each service.

Your insurance coverage is basically a “coupon” toward dental services. It is not intended to cover your costs as a patient. Dental insurance began to be established in the 1970’s with most plans offering a \$1,000 maximum benefit. More than 30 years later, your benefit is likely almost the same. Although your premiums continue to increase, your coverage maximum rarely does. This means as dental costs rise, your insurance company does not increase your coverage, only what you pay to them. Once your maximum is used, all fees incurred in this office will be 100% “out-of-pocket”. Additional treatments to keep your mouth in good health will still be recommended by our office without regard to your insurance coverage so that we may educate you on your needs and treat accordingly. It is in your best interest to continue treatments in order to maintain optimal health. Don’t let your insurance company decide what’s best for you.

Patient Signature: _____

Date: _____