

FACTS YOU SHOULD KNOW ABOUT DENTAL INSURANCE

Dental Insurance has played a role in helping people obtain better care. Since we strongly feel that our patients deserve the best possible treatment we can provide, and in an effort to maintain the highest quality of care, we would like to share some facts about dental insurance with you.

- Insurance companies do not intend for their plans to cover all expenses. Their plans serve only as an aid toward acquiring better care.
- Most plans require that an annual deductible be paid (per individual or family) on the first dental appointment of the calendar year.
- Most Insurance companies also require that a co-payment be paid to the provider at that time. The co-payment may be a flat dollar amount or a percentage of the fee.
- Many dental plans tell their insured that they will be covered "up to 80% or 100%" In spite of their stated figures, most plans cover in the range of 30% to 40%. The amount of coverage is determined by how much your employer has paid for the plan.
- In many cases the amount of coverage you receive is not based on present day figures. Some companies choose to use figures from prior years that do not reflect the increasing costs of healthcare.
- Many dental services are covered a specific number of times in a calendar year. (Ex. Re-care appointments may be covered once every six months.)
- Some insurance companies tell their clients that "fees are above the usual and customary fees" rather than saying to them that "our benefits are low". In our office we do not view our patients as "usual and customary," but as quality people who expect quality dentistry. Remember that your insurance benefit is limited by what you or your employer pays for the plan less the profits of the insurance company.
- The insurance companies try to get patients to go to "In Network" providers who receive referrals from insurance companies to perform dentistry at a discount. The problem with an "In Network" dental provider is that typically the office is concerned with volume. Increased volume within a given timeframe results in decreased quality. Dr. Martin is an "Out of Network" provider who is focused upon the delivery of the highest quality dentistry while remaining competitive with other private dentists. He takes time with each patient to fully understand their oral health issues. High volume is not a concern for his office, but rather spending the time to deliver the quality service to our patients.
- Although many insurance companies encourage their clients to use "In Network" providers, they do not mention the law requiring them to pay the same amount to all dentists for the same procedures, without regard to their status within a network. Section #33-20 A-9.1. E, of the Georgia general assembly states: *The consumer choice option shall have substantially the same covered benefits as the managed care plan without the option.* In other words, dental insurance companies must pay the same benefit no matter who performs the dental service. A patient who goes to an "Out of Network" dentist may have to pay the difference between the insurance benefit and the fee, but the same patient also has to pay deductibles and co-payments to the "In Network" dentist.

Please do not hesitate to ask questions about our office policies. We want you to be comfortable in dealing with these matters and we urge you to consult us if you have any questions regarding our service and/or fees. We will fill out and file your insurance as a courtesy to you at no charge. We will do all we can to assure you of the maximum benefits, but bear in mind that the insurance company is responsible to you and you are responsible to us for your account. We cannot render services on the assumption that the charges will be paid by the insurance company.

If you have any questions regarding your insurance, we ask that you contact your employer or insurance carrier regarding the specifics and details of the plan issued on your behalf.