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# DENTAL INSURANCE INFORMATION

## CONGRATULATIONS!! YOU HAVE DENTAL INSURANCE. NOW WHAT!!

*We want you to understand how dental insurance works and how to make it work best for you.* DENTAL INSURANCE IS NOT HEALTH INSURANCE. DENTAL INSURANCE IS A CONTRACT BETWEEN EMPLOYER (PLAN SPONSOR), THE INSURANCE COMPANY AND YOU. All insurance plans are not created equal. REMEMBER THERE ARE MANY INSURANCE PLANS AVAILABLE AND YOUR EMPLOYER CHOOSES YOUR PLAN AND YOUR BENEFITS. AT THE TIME OF THE FINAL APPOINTMENT, YOU ARE THE ONE WHO BEARS FULL RESPONSIBILITY FOR YOUR FINANCIAL OBLIGATIONS TO OUR OFFICE.

### Why is my benefit different from what I expect?

- You have already used some or all of the maximum benefits available from you dental insurance.
- Your insurance plan paid only a percentage of the fee charged by your endodontist.
- The treatment you needed was not a covered benefit.
- You have not yet met your deductible.
- You have not reached the end of your plan's waiting period and are currently ineligible for coverage.
- Your coverage may have terminated.

### Why isn't the recommended treatment a covered benefit?

- Your endodontist diagnoses and provides treatment based on his/her professional judgment and not on the cost of that care. Some employers or insurance plans exclude coverage for necessary treatment, such as a root canal, as a way to reduce their costs.

### How much does a root canal cost?

- Each endodontic case is different and fees vary accordingly. Once an exam and consultation is completed, we will be able to tell you the fee and an estimate of how much your dental insurance will cover. Because dental insurance covers only part of the root canal fee, you are responsible for paying the remaining balance.

### What is my maximum? What is my deductible?

- **The maximum is the cumulative amount your insurance plan will pay during your benefit year.**
- Your benefit year is usually a calendar year (January 1 – December 31) but not always.
- Dental insurance is not a "pay-all"; it is only an aid.
- The deductible is a set amount (usually between \$50 to \$100) you must pay before you insurance coverage begins.

### What is the percentage that my insurance will pay for your services?

- We will make an effort to provide you an estimate of what your plan is likely to pay.
- Unfortunately, because of maximums, deductibles, non-covered procedures, etc, calculating the exact coverage is impossible.
- **Remember! What we provide you is an estimate.**

### Why can't you tell me exactly how much I will owe you for the treatment?

- At the time of service, your portion of the payment responsibility is only an **estimate**.
- Our office will perform a benefit check to assess your benefits under your plan.
- We will also complete a claim form & submit it on your behalf.
- What your insurance will pay and what you will pay is determined by your dental insurance company after the claim is filed.
- We can only give you a **"guestimate"** of what your insurance will pay.
- If you still have questions concerning your claim, we suggest you contact your insurance company.

### What is dual coverage?

- Dual coverage is when you have coverage from more than one dental plan.
- **We only participate with primary plans. We only file your primary insurance.**
- **It is your responsibility to inform us which plan is your primary.**
- **If you fail to do so and your insurance company revokes the benefits paid on your behalf, you will assume the full responsibility for the fee.**

### "In Network" vs. "Out-of-Network"

- If we are **"In-Network"** with your insurance company, we have a contractual agreement with that insurance to charge an agreed upon fee for the procedures they cover. The insurance then pays the applicable percentage of the fee.
- If we are **"Out-of-Network"** with your insurance company, we do not have a contract with your insurance. You have the contract with your insurance. We will submit the claim for you to your PRIMARY insurance. **You are ultimately responsible for payment of our total fees.**

### How do I understand my EXPLANATION OF BENEFITS (EOB)?

- **Your EOB contains important information, such as, your benefits, the amount your insurance will or has paid and charges that are and are not covered by your plan. Copayment amount/patient portion, any remaining benefits, deductible and benefits paid are the pieces of information included in the Explanation of Benefits.**

### I HAVE READ IT BUT I DON'T UNDERSTAND IT? NOW WHAT DO I DO?

- **Please contact us and we will do our best to answer your insurance question.**

## Glossary of Dental Insurance Terms\*\*

- *Assignment of benefits:* Authorization from the patient to the insurance carrier to forward payment directly to the endodontist for covered procedures.
- *Claim:* Statement sent to an insurance carrier that lists the treatment performed, the date of that treatment and an itemization of associated costs. It serves as the basis for payment of benefits.
- *Contract:* An agreement between your employer and your insurance carrier that typically describes the benefits of your dental plan.

- *Coverage:* The benefits available to you under your plan.
- *Customary fee:* The fees your insurance carrier will pay for the specific procedure performed as opposed to the actual fees submitted for a specific endodontic procedure to establish the maximum benefit payable for that specific procedure
- *Deductible:* The amount you are responsible to pay before the insurance carrier will allow your benefit plan to pay the endodontist.
- *EOB:* Identifies the benefits (the amount your insurance carrier is willing to pay) and charges covered and not covered by your plan.
- *Participating provider:* An endodontist who signs a contractual agreement with the dental insurance carrier to provide care to eligible members.
- *Patient portion:* The dollar amount that you will be responsible for paying if your insurance payment does not cover the entire fee.
- *Preauthorization:* A statement from your insurance company indicating whether the required endodontic treatment will be covered under the terms of your plan.
- *Predetermination:* An administrative procedure that requires your endodontist to submit a treatment plan to your insurance carrier for approval before treatment begins.

\*\* This glossary does not contain every word and its definition which may be needed to read & interpret an EOB.

## **PATIENTS WITHOUT DENTAL INSURANCE**

Because of the nature of referral work, we must respectfully request that all patient balances be paid in full at the time of the actual treatment. If you are unable to pay for treatment upon completion, please advise us right away. We realize that this can be a problem for some of our patients. We will be glad to accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and CARECREDIT.

CARECREDIT is a credit line for health care expenses. It allows you to start treatment immediately and pay over time with low minimum monthly payments. CareCredit offers 3, 6 and 12 months, no interest payment plans. They also offer 24, 36, 48 and 60 month, extended payment plans at fixed monthly payment and a low annual percentage rate.

**If you have a question about CareCredit, please contact us or contact CareCredit directly at 1(800)365-8295.**