



Office Guidelines Regarding Dental Insurance

Thank you for understanding that we file dental insurance as a courtesy to the parents and guardians of our patients. We are not part of any dental network and therefore 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 provide assistance with estimating your portion of the cost of treatment. However, we cannot guarantee what your insurance company will or will not cover in regards to each filed claim.

If we have received all of your insurance information on the day of your child's appointment, we will be happy to file the claim for you. Please become familiar with your insurance benefits, as on the date of service we will collect your estimated portion. If we are unable to verify insurance benefits due to insufficient or inaccurate information, you will be responsible for paying the full amount of your child's visit. By law your insurance company is required to pay claims within 30 days of receipt. We file most insurance electronically so your insurance company should receive each claim within several days of your child's treatment. You will be responsible for any balance remaining on your account after 30 days, whether insurance has paid or not. We will be glad to send you a refund once your insurance has paid us.

Please carefully read the following information that will help you understand some general guidelines about dental insurance benefits.

- No insurance pays 100% of ALL procedures - many parents assume their insurance pays 90%-100% of all dental fees. 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.
- 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".
- Our dental material of choice for "fillings" is a white filling, also known as composite resin. Some insurance companies do not pay for a white filling (composite resin) at the same level as a silver filling (amalgam). The difference between the two fees will be your responsibility.
- Some dental insurers will not reimburse the provider (Dr. White/Dr. Johnson) directly for treatment but rather the subscriber. In this case, the parent/guardian who brings the child in for treatment is responsible for paying the full amount for treatment rendered on the day of service.
- For patients with Delta Dental, Blue Cross Blue Shield of North Carolina or Blue Cross Blue Shield Federal Insurance, please understand their policy is to pay you (the subscriber) directly. Therefore you will be responsible for the total payment on the day of service. We will file your insurance for your direct reimbursement by your company.

The following checklist is to assist you in preparing for your child's first visit with Dr. White or Dr. Johnson. Your verification of this information will greatly help with filing your claim and speed up any refund you may be owed.

- ✓ Be sure your child can currently receive benefits from your dental insurance policy. It may be necessary to add a child if there have been any changes to the policy or the policy is new.
- ✓ Please bring to our office a current insurance card that includes the following: ID number, Group number, and the address and phone number for the insurance company. Some dental insurance plans do not issue a card; therefore we will need the social security number and date of birth for the parent who carries the policy.
- ✓ The person who carries the insurance is the subscriber and may or may not be the parent with whom the child resides. We will need the subscriber's date of birth and employer information to expedite the processing of the claim.
- ✓ You may choose to contact your insurance company, in advance, to verify benefits. This will enable you to become familiar with your particular plan and allow you to anticipate your level of benefits.

We know that filing insurance can be a time-consuming and somewhat confusing process. That is why we are happy to file your insurance for you. Thank you for reading our policy and familiarizing yourself with your insurance plan and the coverage you have for your child.

Signature _____ Date _____