

# by Word of Mouth

FOR THE PATIENTS AND FRIENDS OF DR. JACK B. SHARE

Be informed!

## Our most frequently asked questions about... DENTAL INSURANCE



Q. Do you accept payment from my dental insurance carrier?

A. We accept any insurance that allows us to bill the patient for the amount that the insurance doesn't cover.

Q. I was told that my insurance covers 100%. Is this true?

A. Many patients over-assume their levels of coverage. Most dental coverage is designed to ensure that the patient receives regular preventive care referred to as Preventive or Level I. Cleanings, x-rays, and exams are usually covered at 100%. Deductibles are the patient's responsibility. Most plans require that patients assume a greater portion of the costs for treatment other than for preventive procedures. Fillings, root canals, and surgery are considered Basic or Level II, covered at 80%. Prosthetics, crowns, bridges, partials, and dentures are considered Major or Level III, covered at 50%. Orthodontic treatment or Level IV can be variable. These percentages are averages. Your plan could have no Level III or IV, lower percentages, and higher deductibles. It is your responsibility to know this, and pay all uncovered amounts.

Q. My benefits booklet states that I have 100% coverage for cleanings, yet they only paid a portion of the dentist's charges. What might the explanation be?

A. Either you exceeded the maximum yearly benefit amount by having other dental care earlier in the year, you incurred a deductible amount or you have a type of insurance called UCR. A "usual, customary, and reasonable" plan allows the patient to see the dentist of their choice, but only pay an amount or a percentage based upon a fee limit determined by your carrier.

Q. How can I find out what my coverage is?

A. Your benefits coordinator at work can provide you with an information booklet that outlines coverage, limitations and exclusions. All dental plans have an 800 number for customer service which you can call. Most likely the information is also available on the Web. Our office can submit a preauthorization form to the carrier requesting coverage information on anticipated procedures.

Q. What common procedures are not routinely covered?

A. Cosmetic procedures such as whitening and ceramic veneers are not covered. Sealants for prevention are usually not covered on adults. More than two cleanings a year and less than six months apart are often not covered. Some plans exclude the replacement of missing teeth, if the teeth were extracted previous to having the insurance coverage, referred to as a pre-existing condition. Coverage for TMJ appliances is highly variable. It is your responsibility, not ours, to know the limitations and restrictions of coverage within your plan and to pay all amounts not covered by your carrier.

Q. What else should I know?

A. Know your annual benefit limitation, the maximum amount the plan will pay for treatment per year. Exceeding this amount will result in your incurring all expenses out-of-pocket. We can help you minimize this possibility, while maximizing your compensation, through careful treatment planning. Unused benefits cannot be carried over to the following year, which usually coincides with the calendar year.

Q. When I have a treatment completed in the office, is a payment required at the time of service?

A. Based upon the classification of your procedure, Levels I through III, and our knowledge of the coverage of your carrier, we will request from you the copayment, the uncovered amount, at the time of service.