

Facts You Should Know Regarding Your Dental Benefits

If you belong to a traditional insurance plan we can assist you by filing your insurance claim. Traditional insurance is typically one in which you can choose any dentist you desire. Our practice does not belong to any PPO or DMO insurance plans. If you are not sure what type of plan you have, we will be happy to call for you and explain your benefits to the best of our ability.

In an effort to provide high quality dental care and to clarify our position on filing for your insurance benefits, we would like to share some facts about dental insurance with you:

As an optimum care dental practice, we strongly believe our patients deserve the best possible dental services we can provide. In an effort to maintain a high quality of care, we would like to share some facts about dental insurance with you.

Fact #1 Your dental insurance is based upon a contract made between your employer and the insurance company. Should questions arise regarding your dental health benefits, it is best for you to contact your employer or insurance company directly.

Fact #2 Dental insurance benefits differ greatly from general health benefits. In 1959, most dental insurance benefit plans had a yearly maximum cap of \$1000 per year. **There has been no significant increase in the yearly maximum cap in over 40 years!** However, there have been significant increases in your premiums. Dental benefits plans will never pay for the completion of your dental care. It is only meant to assist you.

Fact #3 Many people receive notification from their insurance company that the dental fees are "above usual and customary". An insurance company determines their reimbursement level by surveying a geographical area, calculating the average fee, then determines that 80% of the average fee is customary. Included in this survey are discounted dental clinics and managed down the average. **Any doctor in private practice will have fees that are "higher than usual and customary".**

Fact #4 Many dental benefit plans tell their participants that they will be covered "up to 80% or 100%" but do not clearly specify the plan fee schedule allowance, annual maximum or limitations. It is more realistic to expect dental benefits to cover between 25% to 40% of dental services. **Remember that the amount a plan reimburses is determined by how much your employer has paid for you dental benefit plan.** You will get back only what your employer pays in, less the insurance company's profit margin.

Fact #5 Insurance companies do NOT cover many routine and newer dental services.

Our team members will gladly assist you in filling out the necessary forms to maximize your dental benefits and discuss financial options. Excellent dental care is available with or without dental benefits. We hope you will choose the best dentistry has to offer.

Our computer system has over 1000 insurance plans on file and tracks the payment schedules for many of them. Our staff will estimate your insurance coverage at each visit and ask you to pay the difference each time. Please note that this is an ESTIMATE only. If there is an additional balance due after the insurance claim is paid we will bill you.

Financial Options

We offer several payment options for our patients so that your dental health needs will fit your budget. We have several specialized team members trained to work with you to find an option that works best for your family. One of the most utilized options our patients choose is an interest free option through our financial partners. Many patients apply online through the links below for pre-approval or apply in our office with the assistance of one of our Patient Care Coordinators to obtain instant approval.

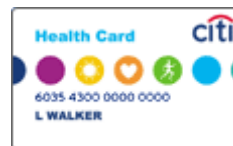
Our Financial Partners



We are pleased to offer Capital One® Healthcare FinanceSM to our patients. Capital One® Healthcare FinanceSM makes elective dental procedures affordable for any budget. Use Capital One Healthcare Finance to pay for elective procedures, from \$300 to \$25,000.

CareCredit®

CareCredit is a flexible patient/client payment program, specifically designed for healthcare expenses, that makes it easier for you to get the treatment or procedures you want and need. CareCredit is ideal for co-payments, deductibles, treatment and procedures not covered by insurance, and can be used at over 35,000 practices nationwide.



The Citi Health Card is an affordable way to pay for various health care procedures. And you can share the benefits with your entire family—even your pet. Just use the Citi Health Card with any participating provider to take advantage of no interest payment plans.

We also gladly accept MasterCard, Visa, Discover and American Express.

