

DENTAL INSURANCE INFORMATION

Following is a list of information regarding your benefits. This is information you should be aware of before your appointment. It is your responsibility to be in contact with your insurance provider to check on various exceptions. Please keep in mind: they are not only limited to the following procedures.

- **Pre-Existing Condition:** Insurance companies will not pay on any existing crowns if they have been placed within the last 5 years. Contacting your carrier may be necessary to determine when your crowns were placed.
- **Composite (white filling) vs. Amalgam (silver filling):** Many insurance companies will not pay for composites or will pay less for composite fillings in any of the posterior (back) teeth.
- **Implant Crowns vs. Regular Crown:** The code for porcelain over metal crown is **2750**. The code for a crown over an implant is **6059**. Most insurance companies will not pay for an implant crown. Please be aware that the code for an implant crown must be filed as 6059 not 2750. When you call your insurance carrier please be sure to ask about code 6059 for implant crown coverage.
- **Secondary Insurance:** We will submit claims to the secondary insurance carrier as long as the information is provided. We will send information off to secondary insurance after the primary insurance has responded.
- **Usual and Customary:** Many insurance policies will quote a percentage of coverage for the various procedures followed by "U & C". "Usual and Customary is a dollar amount that the insurance company deems as the amount that will be covered. A \$1500 crown covered at 50% does not always (almost never) equal \$750. If the UC on your policy is \$700 for a crown, the 50% of your \$1500 crown is now \$350. The remaining balance of the \$1150 would then be the patient's responsibility.
- **Waiting Periods:** Some new policies have "waiting periods". This means that some or all procedures may not be covered for X amount of time (refer to your insurance policy manual).
- **Annual Maximums:** Many people are under the impression that if they have an annual maximum of \$2000, then they will automatically be entitled to the whole amount by the end of the year. This is not always true. Payment on each claim is determined by many variables. Some determining factors are frequency, UC, waiting periods, covered procedures, age limitations, or necessity (refer to your policy manual).
- **We will gladly submit dental claims to your primary insurance company as a courtesy to you.** If payment is not received from the insurance company within 45 days, the patient is responsible for their account balance at that time. A credit will be issued to the patient should the insurance payment be received after the balance was paid in full.

Your policy is a contract between you & your employer. It is your responsibility to know your contract and benefits. Although we assist you by filing your insurance, we will not be responsible for any procedures not covered due to contract stipulations. Insurance companies typically respond better to inquiries made by the patient rather than the provider's office. Please remember, estimates given and any difference will be owed by the patient.

I have read and understand the above insurance benefit information. I realize every insurance contract is different and that I am responsible to know my own benefits and limitations.

Patient Signature: _____

Date: _____