

What You Should Know About Your Dental Benefits

At Advanced Smiles, we believe that you deserve the best care. We feel that the most important relationship is between the doctor and the patient. For this reason, our office does not participate in any PPO plans, discount dental plans or managed care plans that interfere, restrict or compromise the doctor-patient relationship. We will always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of folks. Some have dental benefits, but most don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know.

1. Your dental benefits are based upon a contract made between your employer and an insurance company. 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 benefit plans to cover between 40% and 60% of dental services. Remember, the amount a plan reimburses is determined by how much your employer has paid for your dental plan. You will get back only what your employer has put in, less the insurance company's profit margin.
2. Dental benefits differ greatly from medical benefits. In 1959, most dental benefit plans had a yearly maximum cap of \$1000.00. You'll be surprised to know today that the average dental benefit plan has a yearly maximum cap of \$1000.00. **There has been no significant increase in the yearly maximum cap in 40 years!** However, there have been significant increases in your dental premiums. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.
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 the surveying a geographical area, calculating the average fee, then determines that 80% of the average fee is customary. Included in this survey are discount dental clinics and managed care facilities, which have severely reduced dental fees that bring down the average. Most doctors in private practice will have fees the insurance companies define as "higher than usual and customary."
4. We ask that you pay your estimated percentage at the time of service. Your insurance company will pay their "usual and customary" fee for each procedure. Unfortunately, we cannot guarantee that your insurance company will pay the exact amount we have calculated. It is only an estimate. The insurance company will not give us exact reimbursement amounts. Once your insurance company pays, there may be a balance on your account. This balance is your responsibility and you will be contacted to take care of the balance. If your insurance company pays more, we will credit your account immediately.

Excellent dental care is available with or without dental benefits. We hope you will choose the best that dentistry has to offer.

I have read and understand that I am responsible for payment of services rendered and also responsible for paying any percentages, deductibles and balance that my insurance does not cover.

Patient Signature

Date