

Dental Insurance and Our Office

We Currently Participate with Two PPO's, Anthem Blue Cross and Blue Shield (only one of their many plans) and Delta Dental of New Jersey. Our office accepts assignment from these two plans (the insurance company pays us and then, we bill out the remainder) and we must follow fee guidelines and schedules as dictated by the contracts. *Your statement from us will always indicate our Usual and Customary Fee. After your insurance company provides us with their Estimate of Benefits we will then correct our normal fee to the contracted fee and then bill out any remaining balance.* Monthly Statements are sent out on all accounts with balances, even if we accept assignment from your carrier.

For all the other Insurance Plans , we will continue to submit and help you with your claim. Generally, payment is expected at the time of service unless other arrangements have been made. We will strive to work with you and help you receive the treatment and service you deserve.

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<p>Patient's Freedom of Choice</p>	<p>This table will help you understand the major differences between the 3 most popular plans of dental benefits - with Indemnity Insurance being the best and HMO's being the worst.</p>
<p>Patients choose their own dentist. (most freedom of choice)</p>	<p>Traditional Indemnity Dental Insurance</p> <p>These plans were the original dental benefit plans that have provided good dental coverage for decades. This is the best of all 3 plans</p>
<p>Patients have more freedom of choice than with an HMO, but pay more for care from a non-preferred</p>	<p>Professional Provider Organization (PPO)</p> <p>These organizations provide dentistry through contracted dentists who agree to accept lower fees.</p>
<p>Patients are restricted to a list of designated providers. (least freedom of choice)</p>	<p>Health Maintenance Organization (HMO)</p> <p>Minimum dentistry is provided through contracted dentists who agree to small monthly capitation payments for each employee/patient regardless if services are performed or not.</p>

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DANTINI DENTAL OF STAMFORD
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**Dental Insurance :The Facts
A Guide To Help You Understand Your
Dental Insurance Options**

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Dental Insurance has benefited many patients and dental offices over the past 40 years. It has allowed thousands of people to take better care of their teeth and has brought many new patients into dental offices.

But now, we are seeing a significant increase in “managed health care” companies that decreases the patient’s freedom of choice and many believe decreases the quality of care.

Your employer may present you with this option in order to reduce their benefit costs. You can use this brochure as a guide to help you understand and compare the various benefit plans.

FACTS

1. Your insurance plan is a contract between your employer and the insurance company. All patients are financially responsible for their accounts. The insurance company is responsible to the patient. Specific questions should be directed to your insurance carrier or your employer.
2. no insurance plan covers all dental expenses. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is the patient’s responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by their insurance company.
3. Many routine dental services are not covered by insurance companies.
4. The benefits the patient receives is determined by how much the employer pays for the plan. The less expensive the plan, the fewer the benefits.
5. Insurance companies are in the business to make money. They make more by paying fewer benefits.

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They also profit more by waiting to pay claims and by making dentists send in pre-estimates on the more expensive procedures. Delays in treatment results in less treatment.

6. It has been the experience of many dentists that sometimes insurance companies tell their clients that certain dental fees are “above the usual and customary” or UCR, rather than tell them that the insurance benefits are too low. We know that some insurance companies do not upgrade fee schedules regularly, even with the cost of living index.
7. In 1971, your dental insurance benefits for a year were approximately \$1000. Although your plan’s premiums have greatly increased over the years, many plans still have the same maximum annual benefit. Adjusting for inflation, it should be around \$4500.
8. Dentists who sign up to participate in “managed health care” plans agree to accept a significant decrease in their fees for the services they provide.
9. With the increase of “managed health care”, the patients are losing their right to choose their own dentist. They are restricted to a list of dentists who agree to accept a lower fee.
10. With the increase of “managed health care”, patients are losing their freedom to receive the dentistry of their choice based on the recommendations of the ADA and of their dentist.
11. The trend with “managed health care” is that patients are losing more and more of their freedoms and coverage of quality dentistry, and the dentists receive less compensation for their services.
12. Many insurance companies accuse the dental profession for not controlling costs. Look at the facts:

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- In efforts to keep dental health care cost down dentists incomes have not kept up with the cost of living in 22 out of the last 23 years.
- Insurance companies are constantly decreasing the availability of quality services to the patient.
- Insurance companies are recording record profits with bonuses to their individual CEO’s ranging from \$2.8-1\$5.5 million.

Opinions

The following are NOT FACTS based on any documented study. Although, they are the general opinions of most health care providers and many patients concerning Managed Health Care plans that are replacing many traditional plans.

- Dental offices are encouraged to do the least amount of dentistry as possible without concern for the patient’s well being.
- Dental offices will be tempted to use inferior supplies and laboratories when treating discounted managed care patients.
- Many “managed care patient’s may not receive the same quality treatment as traditional full fee-for-services patients compared to their “:managed care patients”.
- Many offices give preferential appointment times and courtesies to traditional full fee-for-services patients compared to their “managed care patients”.
- Many dentists prefer not to compromise their services, and therefore choose not to participate in these plans.

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