

Did you know...

- The insurance carriers do not educate your dental team as to what will be an eligible expense.
- Most insurance companies have developed their own fee schedules; these fee schedules will differ from the fees charged by individual dental practices.
- When their insurance company tells a patient that they have 100% coverage, this in fact may not be the case. The coverage is based on the eligible expense that the insurance company has allocated to each dental procedure.
- Even with dual insurance coverage, there may still be a discrepancy between the eligible expenses and the fees for services often insurance companies place a cap on an eligible expense.
- It is at times difficult for the dental team to effectively communicate with insurance companies; in fact, the insurance companies often choose to communicate with the policy holder.
- Our dental team is pleased to assist you in the preparation and submission of your insurance claim.
- If our patients want us to submit for reimbursement directly you the dentist from their insurance company, arrangements must be made for payment of any co-payment at each visit.
- To proceed with direct billing to the patient's insurance carrier a credit card must be left on file with the administration team to secure financial arrangements.
- If there is no explanation of the benefits from the electronic submission of the insurance claim the patient must place a 30% deposit.
- Your dental team is expected to provide a level of care based on your dental needs, not based on the coverage provided to you by a third party.
- We have flexible payment options; visa, master card, interact, and cash.
- Many of our patient based are taking advantage of paying their treatment at time of visit on a credit card so they can redeem points or credits they have on that card!