

INSURANCE INFORMATION TO OUR PATIENTS

During the past decade, dental benefits plans have become an integral part of health care planning for many families.

Dental benefits plans are made available to employees or members, through companies, unions, and associations, and may vary considerably from one plan to the next.

The range of benefits depends solely on what the purchaser wishes to offer employees or members. Some plans may cover as little as 30% or as much as 100% of dental services, with most falling in the 50% to 80% range. Some plans exclude certain types of service, i.e., orthodontics, while other plans will cover a full range of dental services.

Some plans base the amount of benefit on a chart or schedule of fees arbitrarily developed by insurance companies. For this reason you may receive a lower percentage of the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of dental treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by the doctor.

Office insurance policy:

- My fees are based on the overhead involved in my practice, the treatment plan selected, and the time it takes me to provide you with the necessary dental care. I do not believe it is in either of our best interests for me to compromise my recommended treatment in order to accommodate an insurance program's maximum benefits that may be considerably less than optimal. However, I am more than happy to discuss a treatment plan's advantages and disadvantages with you thereby involving you, rather than your insurance company, in the decision making process.
- The type of treatment you need and receive from me is based upon my professional judgement, and not on whether you are covered by a dental benefit plan; therefore, I am a non-participating specialist, however, as a courtesy to you, my staff will complete the dental portion of the claim form, copy required x-rays, provide necessary narrative reports, etc. To expedite processing, make sure that your part of the form is filled out completely and accurately.
- If you direct the insurance company to pay its share of the cost directly to my office, you will receive credit for this amount and be billed for the balance. Upon receipt of the insurance payment, my staff will reconcile the amount and bill, or refund any difference. If your insurance contract is through Blue Shield, United Concordia or Delta Dental then payment is due at the time services are rendered and your insurance carrier will directly reimburse you.
- If your dental benefits plan requires a "predetermination" or "prior authorization", I will submit a treatment plan for review by your insurance carrier. However, please remember that the financial obligation for dental treatment is between you and this office. The insurance company is responsible to you and not this office.
- Even though a claim is filed, you will receive a statement each month if your account has a balance due.
- If you receive a communication from your insurance carrier suggesting that my fee is over and above the usual and customary rate for the services provided to you, please do not accept this as true without first discussing the matter with me. The insurance carrier's fee data may be extremely out of date, or not take into consideration local factors pertaining to (city) in establishing its schedule.
- If after our discussions, you believe that the dental benefits provided by your plan are inadequate, you may want to discuss the matter with your employer, union, or association, so that appropriate alternatives can be investigated.

We will help you in every way in filing your claims, handling insurance queries, processing follow-ups, lost claims, etc.

Douglas L. Reigh, D.M.D.

I acknowledge that I have read and fully understand the insurance and patient payment policies of Douglas L. Reigh, D.M.D.

Signature of Patient

Print Name

Signature of Person Responsible for this account.

Print Name

Rev. 10/12