

For Our Patients with Dental Insurance

Who decides the benefits in a plan? The company buying it for its employees, such as your employer. Plans may cover 50 to 80 percent of the cost of periodontal services. A few cover as little as 30 percent or as much as 100 percent of dental fees. Some plans base the amount of your benefit on a schedule of fees arbitrarily developed by insurance companies. So, you may receive less reimbursement than your dental plan appears to promise. For example, if your plan pays 80 percent of the cost of dental treatment, it may mean 80 percent of the fee chosen by the insurance company, not the actual fee charged by this practice.

As a courtesy to you, my office will assist you in filing your dental insurance claims. **It is required that you present us with your correct insurance information** (name, address, phone number, & group number) via an insurance card or claim form **at the time of your appointment**. **If you do not have this information** with you at the time of your appointment **we will NOT be able file your claim.**

If you are covered by an *AFLAC, Delta Dental, Mailhandlers or GEHA* plan we will gladly file the insurance claim for you to be reimbursed directly for **ALL** services performed. I am not a participating provider with ANY insurance company so no differences between my charge and the insurance UCR will be done.

In order to keep down our cost to you, we do request that your fees for *evaluations, x-rays and periodontal maintenance recalls be paid in full* at the time of your appointment. We will gladly file the paperwork to your insurance company to directly reimburse you. All subsequent fees for active therapy, such as periodontal scaling & root planing and surgical procedures, will be reduced by the amount of insurance benefits that have been determined to be available for you from your policy provisions. However, if you are covered by two dental insurance policies, benefits from the primary carrier will be accepted while the secondary will reimburse you directly.

Your treatment will be determined by your dental needs and your general health, not by your dental benefit plan. It is not in your best interest to compromise your treatment to fit an insurance company's benefits. I will discuss your treatment plan with YOU. It is up to you to make the decision, not your insurance company.

We offer our services based on the mutual understanding that our patients are responsible for all fees and treatments. If your insurance company does not respond within 90 days of our filing your claim we will turn the responsibility of collecting their fees over to you. We appreciate you coming to us for care, and we will do everything possible to assure that you receive the maximum benefits provided by your insurance plan.

There will be a \$25 charge for any returned checks.

Sincerely,
Stephen C. Wallace, D.D.S., M.H.S. and Staff

Signature and Date _____