

## "Dental Insurance and Our Office"

Minster Dental Care currently participates with **Superior Dental Care** and **Delta Dental (Premier)** insurance plans. Any traditional dental plan can be billed by Minster Dental Care and any unpaid balance from our fees is then owed by the patient. A copy of your current dental insurance card must be provided (including the insured's name, group number, ID number, mailing address for claims, etc). If you do not have a dental card, a current completed dental insurance form is needed.

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients utilizing many different insurance companies and policies. Each company pays an insurance premium and determines the amount of coverage available. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy benefits exclusions, deductibles, required co-payments and frequency limitations. Your policy may have a yearly/lifetime maximum and would include treatment at our facility or any other dental facility. Also, plan benefit periods do not all run from January thru December, and it is the insured's responsibility to know their specific policy terms.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is the patient's responsibility to keep MINSTER DENTAL CARE informed of changes in current insurance information including address and/or phone number and change in ID numbers. This will ensure all insurance claim filing and statements can be kept to a minimum.

### *The top two misunderstood facts regarding dental insurance are:*

#### **Fact 1 - No insurance pays 100% of all procedures.**

Dental insurance is meant to be an aid in receiving dental care. Many patients think that their insurance pays 90%-100% of all dental fees. This is not true! Most plans only pay between 50%-80% of the average total fee. Some pay more, some pay less. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company. There are literally thousands of contracts available for employers to choose from provided by each carrier.

#### **Fact 2 - Benefits are not determined by our office.**

Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a profit. You may have noticed that sometimes your dental insurer reimburses you or the dentist at a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate. Unfortunately, insurance companies imply that your dentist is "overcharging" rather than say that they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.