



## UNDERSTANDING YOUR DENTAL BENEFITS

If you have a traditional or PPO dental plan - we do take your insurance. We will file your claim electronically each time you come and the reimbursement check will go **directly to you**.

Dental insurance is a contract that was drafted between your employer and the insurance company. As your dentist, *we did NOT take part in that negotiation*.

- The services your employer has chosen to cover are chosen based on cost – they are not chosen because they are the best options for you. Your employer and the insurance company know nothing about your dental history or anything about your relationship with your dentist. Nor do they know anything about the treatment that your dental provider has recommended or why.
- Most plans come with a yearly maximum of \$1,500 and then the carrier will not pay any more no matter how essential the treatment may be.
- It is important for you to know whether your plan pays for 2 visits in a calendar year OR 2 visits 6 months apart.
- The cost of dental materials and supplies have continued to increase, but dental benefits have not kept up with this increase.

***It is up to you as a consumer to choose the best dental provider for your needs based on what you know about your dental history and overall health.***

- *Our goal is to provide you with the best possible care that will give you the best long term outcome. On the other hand, the insurance company is trying to control costs and trying to control the care that you receive. They do this by requiring you to have pre-authorizations for certain things. As a result of this insurance company control, there most likely will be some out of pocket cost associated with your care.*

We will do our very best to help you maximize your benefits on a yearly basis and we encourage you to read your benefits that are provided to you by your employer. This way we can make decisions together.

Name \_\_\_\_\_ Date: \_\_\_\_\_