



Understanding Dental Insurance

We have prepared this letter to help our patients understand the complexities of dental insurance, we realize how confusing it can be. To begin we would like to highlight a misconception: dental insurance is not designed to pay for all of your dental care. Most contracts have yearly limits, treatment limitations and/or various degrees of “co-payments”.

All levels of payment by insurance companies, including allowed fees, usual and customary (UCR), are governed by the premiums paid. They have nothing to do with the actual fee for the services rendered. Our fees are based upon a combination of our costs, our time and our consistent dedication to providing our patients with the highest quality of dental care. Thus, there is often a discrepancy between the amount covered under your policy's fee schedule and the actual cost of the procedure. The discrepancy is the patient's responsibility.

Our office participates with several different dental insurance companies. Being a contracted provider means we are agreeing to write off a certain dollar amount predetermined by the insurance carrier. This adds a great deal of complexity when estimating your overall financial responsibility. Dr. Evans and his associates treatment recommendations are based on their clinical findings and will not be based on what your insurance company allows. How you proceed with treatment is ultimately your decision.

Please understand the dental insurance contract is between the insurance company and the patient. If you are unclear as to whether a particular procedure is covered by your insurance carrier please contact them directly with any questions. For further clarification you may request our office submit a predetermination on your behalf. Predetermination's are used as a tool to determine plan coverage however it is not a guarantee of plan payment.

We hope this information has been helpful. Please take the time to review your insurance policy thoroughly so that we may best serve you. As always, you may feel free to ask any member of our staff for clarification on services, billing and insurance.

Patient/Legal Guardian Signature: _____ **Date:** _____