

INSURANCE COVERAGE

We are glad to accept and process your dental insurance coverage for you at our office. As a convenience and courtesy, we will process, file and mail y insurance forms for you if you choose. We will also take the time to contact your insurance company to see what is covered under your insurance plan and what the annual coverage is. This will allow us to estimate what your benefits will be.

1. Insurance Payments

Patients are financially responsible for the full payment of services rendered at the time of service. Having dental insurance is no guarantee that a procedure or service will be covered. Dental insurance is a contract between the employee and the providing insurance company and not the dentist. We have no relationship with insurance companies, and never will. It is beneficial if patients think of insurance as a “coupon” that helps lower the cost of their overall payment for dental treatment. It will not cover the whole cost of treatment. We estimate the balance due. If the patient pays off the balance of services the insurance company will reimburse the patient directly. If payment is authorized to our office, then the patient is responsible for full payment of the estimated balance remaining. If there is an overpayment we will issue a refund check. If there is a remaining balance after insurance payment the patient is responsible for the balance.

2. Delayed Payments

The insurance company is required by law to process claims in a timely matter and not to delay payments over thirty days. If there is considerable delay in claim payment, a complaint may be sent to:

National Association of Insurance Commissioners
320 West Washington
7th Floor
Springfield, IL 62767
attn: Illinois Director of Insurance

3. Uncovered Dental Procedures

The insurance policy is a benefit negotiated by the employer for the employee. The amount of coverage and types of procedures covered are also negotiated benefits. Some plans have excellent coverage for many procedures while other plans have limited coverage of a few procedures. There is no guarantee that a particular procedure will be covered. We are happy to do whatever we can to insure that you receive all applicable and deserved benefits as described in your plan. If there is concern about why a procedure was not covered, an inquiry should be made to the Insurance Benefits Coordinator.

4. Types of Insurance Coverage

1. Indemnity- Traditionally the best option. Patient selects the doctor of their choice.

2. PPO (Preferred Provider Organization)- A managed care plan where patients can still choose a doctor outside the network.

3. HMO (Health Maintenance Organization)- A managed care plan where the patient can only choose a doctor who is a member of the network.

5. Why We Do Not Participate In Managed Care

As a small office we offer a “boutique” style of dentistry dedicated to individualized care, one patient at a time, in a clean, comfortable and personal office setting. We feel managed care is a less than ideal way to practice dentistry and to serve our patients for many reasons. We never have, and never will, participate in managed care. It is not in the best interest of our valued patients.

1. Capitation- The provider has an incentive not to see patients on the plan. That is why it may take months to get an appointment. It is advantageous for them not to see you

2. Independence- The provider is now an employee of insurance company who can dictate the way they practice. This interferes with the doctor/patient relationship when a third party is involved. Our patients best interest is our focus, we do not work to maximize profit for a managed care plan.

3. Patient Load- The provider may have to triple or quadruple the number of patients seen per hour and can be penalized for taking too much time with patients. This can lead to an assembly line type of care and cookie cutter type procedures. How do you see four patients booked at the same time? We spend as much time as needed with our patients with an appointment booked exclusively for you!

4. Gag Clause- A provider may be forbidden to even discuss viable treatment options with patients. Their contract forbids it and they can be penalized for discussing it. If there is a more modern or appropriate treatment for a condition the doctor cannot even tell you.

5. Referrals- A provider may have a financial incentive not to refer you to a specialist. They may be penalized for referring you. When you need specialized care we will refer you to the appropriate specialist.

6. Reduced Quality- In order to cut costs, the provider may have to reduce the quality of staff, supplies, equipment, laboratories and procedures.

If you have any questions about your insurance coverage please do not hesitate to ask us. We will do our best to assist you.