

## INSURANCE PROTOCOL

If we have received all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay. By law your insurance company is required to pay each claim within 30 days of receipt. We make every attempt to file all insurance claims electronically so your insurance company will receive each claim within days of your treatment. **You are responsible for any balance on your account after 45 days, whether insurance has paid or not.** In the event a credit is generated due to insurance overpayment, we will be happy to reimburse you accordingly.

PLEASE UNDERSTAND we file dental insurance claim(s) as courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment. We at no time guarantee what your insurance will or will not cover with each claim.

**MOST IMPORTANTLY, please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.**

We thank you for the opportunity to serve you. Please do not hesitate to speak with any of our trained staff members with any questions.

*I have read and understand the insurance protocol of General Dentistry Centers. I also understand and agree such terms may be amended from time to time by the above mentioned practice.*

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Patient Name

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Relationship to Patient

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Signature of Patient/Responsible Party

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Date

## For Our Patients:

Please read the following facts regarding dental insurance benefits to help become more familiar with common insurance questions and assumptions:

### **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.

### **Fact 2 - BENEFITS ARE NOT DETERMINED BY OUR OFFICE**

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.

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 net 20%-30% profit.

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.

### **Fact 3 - DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED**

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of \$100.00, or \$80.00. Out of a \$150.00 fee they will pay an estimated \$80.00 leaving a remaining portion of \$70.00 (to be paid by the patient). Of course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less.



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