

DENTAL "INSURANCE"

Insurance can be both friend and foe. It is wonderful to have someone else, be it an insurance company or rich Uncle Fred, helping to pay the costs of healthcare. However, it is *not* beneficial to you to have someone else making arbitrary decisions about what, when, and how much treatment is appropriate and when it should be rendered using a business profit criteria (rather than a clinical need criteria). The nuisance is the costly and often time-consuming paperwork that insurance companies require. Also, be aware that not all insurance is really insurance. True insurance allows you to see any dentist you want without restrictions. Be aware that many "insurance" plans specify that you must see dentists on their list of participating providers (i.e. network providers). These are actually dental managed care programs. Because of philosophical differences, I do not participate in dental managed care programs, so I will not be on any lists. It is your responsibility to check with your insurance representative to determine if or what your benefits would be at our office. Insurance policies are a contract between you and the insurance company, with an employer paying the premiums as a work benefit. In other words, my office is not part of that contract nor determines insurance benefits in any way. Our only participation is to provide treatment requested by the patient and submit the required paperwork for you.

Delta Dental Insurance: Although I can treat Delta Dental patients, I am an **out-of-network provider**, therefore patient benefits are lower and Delta sends payments to you, not us. This means Delta Dental patients are expected to pay us in full directly, as if insurance did not exist.

Government programs: Medical assistance and MinnesotaCare can be very confusing, provide only limited benefits, and are often limited to certain offices. Be sure to talk to our staff about your particular plan before scheduling.

Regardless of how one views the health insurance industry, here is the breakdown of responsibilities:

PATIENT'S RESPONSIBILITY:

1. **You must determine if your policy allows you to use our office!** This is done by asking your company's insurance coordinator or calling the insurance company to see if there is a list of dentists that you must choose from. If there is a list, I will not be on it because I don't participate in managed care. Be aware that if you choose to have dental treatment done at an office not on the list, you may either have no benefits or greatly reduced benefits.
2. Before treatment is begun, **you should know the limits of coverage** so there will be no surprises. We can only estimate the expected coverage, we do not define or determine benefits. The only way to determine probable benefits is to submit a claim for predetermination of benefits before treatment is started, but be aware the insurance company is not legally bound to that predetermination.
3. **You are responsible for all costs the insurance company does not cover**, even if there is a dispute over coverage. That means when an insurance payment is delayed, you must pay the entire bill while waiting for the problem to be resolved.

OUR RESPONSIBILITY which we do for you as a FREE SERVICE:

1. Submit claims to the insurance company for payment after each visit. This means you must supply us with the current insurance information, and sign a Signature on File.
2. Submit additional information as requested by the insurance company.
3. Help solve problems with disputed claims.

I have read the above information, understand it, and agree that I am financially responsible for the entire cost of dental treatment, regardless of what I expect my insurance benefits to be. I will not hold the dental office responsible for any problems that may arise between my insurance company and myself, except for unintentional clerical errors (such as procedure codes, fees, and dates of service).

Patient's Name: _____

Patient's Signature: _____ Date: _____