

practice of
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Understanding "Insurance"

Dental insurance is really not like your medical insurance at all. It is actually a contractual form of reimbursement plan, with terms and benefits negotiated by your employer with an insurance company. Unfortunately, some of the services you may need may not be covered in accordance with this contract.

It is a complex plan, usually with little information provided to you, the subscriber. Often, employees of the insurance company that have little or no dental knowledge make decisions regarding reimbursement. Their job is NOT to reimburse you; rather, to retain funds for the insurance company they work for. Very often, representatives and the automated recording systems of the insurance company will "tell untruths" to you, and to us, regarding information they need, they already have or allegedly have not received. We always provide to you all the information requested that we would otherwise send ourselves.

Yearly maximums (typically \$1000-1500) haven't increased for decades. Dental reimbursement plans typically are oriented at covering only basic care items, not advanced or complex treatment plans. Furthermore, a mathematical formula to determine usual and customary fees, often based on unrealistic information, is employed to this same end.

There is no such term as a "pre-authorization". An insurance company is not giving us permission to treat you, nor are they able to pass judgment on the care we provide. Your dental insurance company does not decide for you what type of treatment to have, or whether or not to have treatment performed, YOU DO. The proper term is a "pre-determination of benefits". This process as well can give misleading information to you the insured and often takes weeks for a response. Keep in mind that it IS NOT an obligation or guarantee that the insurance company will pay for a procedure.

- We only submit pre-determination of benefit forms for a few select plans that we subscribe to.
- For those plans we do not subscribe to, we can provide all of the necessary information to help you: determine your plan's benefits in advance, and then receive your reimbursement due. You should know that patients that submit their own insurance claims usually get a much faster response vs. us submitting a claim.

Medical insurance companies may be able to help provide some reimbursement only AFTER a dental claim has been paid first. At your request, we can provide information to you to help support a claim. Pre-estimation of benefit forms cannot be submitted to medical insurance companies.