

Understanding Insurance

A dental plan offered by your employer is merely meant to assist you in paying for your dental treatment that you require. The actual level of coverage that you possess will depend on what the plan purchaser and/or your employer /union have decided to provide.

While we are here to help with the claim, its' your responsibility to know what is covered in your plan including limits to the plan or any change to the plan

Dental plans are selected by the plan purchaser, usually as part of a group benefits plan. Many plans will cover a range of diagnostic (examination) and preventive services (scaling, polishing, fluoride). Such services are common to all patients and aid in the prevention of dental disease. Bear in mind that these plans may also have limits on the amount of frequency of services and treatment which is not based on what any individual may actually need. Additional treatment services will vary, as will the percentage of coverage patients receive for treatment covered by the plan.

Understanding your dental plan. Know what coverage you have so that you can make informed decisions on what dental treatment services are covered and what treatment costs you are responsible for. We recommend treatment based on patients' needs not according to what your plan may cover. Speak to your dentist about the treatment options and the importance to your health so you can make an informed choice for your health needs.

We can work with you to provide an estimate and obtain a pre-determination prior to your proceeding with treatment: however, we are not experts on your plan. Ensure you are aware of any changes and/or limits to your coverage and advise the office to ensure your information with us stays up to date at each visit.

Print Name: _____

Signature: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: ____Date: ____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ____Date: ____Date: _____Date: _____Date: _____Date: _____Date: ____Date: _____Date: ____Date: ____Date: ____Date: _____Date: _____Date: