

I know that my insurance plan doesn't go into effect until next month. Why won't my dentist do my treatment today, but send in the claim next month so that the insurance will pay?

Laws regulate these issues. It is insurance fraud to change dates of service on a claim. Both the patient and the dentist can be prosecuted.

Understanding your dental benefits is not easy. There are as many different plans as there are contracts. Your employer has selected your plan and is ultimately responsible for how your contract is designed. Remember, whether your plan covers a major portion of your dental bill, or only a small amount, our office will try to help you maximize your insurance benefits.

It is important to know that each contract will specify what types of procedures are considered benefits. Even if a procedure is medically and dentally necessary, it may be excluded from your contract. This does not mean that you do not need the procedure, it simply means that your plan will not consider the procedure for payment. For example, cosmetic procedures and implants are often excluded from a dental plan.

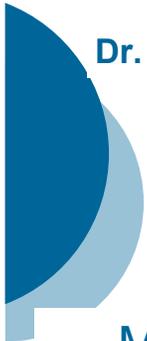
It is a mistake to let benefits be your sole consideration when you determine what you want to do about your dental condition. Your mouth will end up in a sorry state if you follow the advice of an insurance company. This brochure is provided to you to answer a few common patient questions.

REMEMBER IF IN DOUBT, GET A PREDETERMINATION/ESTIMATE SENT BEFORE TREATMENT AS THE PATIENT IS RESPONSIBLE FOR TREATMENT COSTS NOT COVERED BY INSURANCE.

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**My Insurance
Covers This, Right?
Info on Fees...**



**Fees/Insurance Questions
and Answers**

Many patients have questions regarding their dental benefits. While the Employee Coordinator where you work can best answer your questions, the following may help:

My insurance carrier that says my dental bill exceeded the usual and customary. Does this mean that my dentist is charging more?

Remember that what insurance carriers call usual and customary is really just what your employer and the insurance company have negotiated as the amount that will be paid toward your treatment. It is usually less, and frequently much less, than what any dentist in your area might actually charge for a dental procedure. It does not mean that your dentist is charging too much. The insurance agent may even suggest that the Dentist is over charging while the agent's job is to reject as many claims as possible maximizing their profits.

Why are some of my dentist fees not the same as the suggested fee guide?

Significant work and study goes into our dental fee guide and it is a useful tool to organize our many services and codes. However, it is **only** a guide and artificially attempts to apply the same cost structure and skill structure across the entire province. It is designed based on average practices which mainly do fillings compared to higher end restorations (such as inlays/onlays/crowns). Thus for a practice which does more high end work, the fee for these restorations must be higher to compensate for the quality, skill level, and time needed to do a good job. In other professions there are differences in fees just like there are in Dentistry. Similarly, there are many differences within our own profession. Alberta Dentists do NOT have a fee guide.

In general, Dentists set their individual fees based on their experience/skill/education, location (city vs. rural), investment in technology and the procedure difficulty level. For example, anterior restorations obviously require more esthetic attention, skill and patience to match shape/shade. Some patients have very difficult bites to manage while others are easier. Different restoration types (i.e. simple filling material vs. gold/porcelain) take different amounts of time/responsibility and fees vary accordingly. We have invested in a state of the art office with advanced digital x-rays to protect our patients with less radiation and our office believes in world class education so that we can offer the best techniques for our patients. Fees set independent of the guide allow us to spend the valuable time needed for esthetics, fit, form and function and help us create the service experience emphasizing quality over quantity. We also use custom, quality labs that give us the best possible work. The old adage, "you get what you pay for," certainly can be true in our profession like any other. Several of my colleagues, who practice in a similar manner as our office, also have fees that are above suggested fee guide. Many of our new patients come from referrals of existing patients who feel their money pays for value, service, and care. We are grateful for these.

Why doesn't my insurance cover all costs for dental care?

Dental insurance isn't really insurance (a payment to cover the cost of a loss) at all. It is actually a money benefit typically provided by an employer to help their employees pay for routine dental treatment. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month.

If my plan does not really cover any procedures at 100% why does it say it will?

Benefit plan booklets are often difficult to understand; if any part of your plan is not clear to you or if you think something is wrong concerning your coverage, you should contact your Employee Benefits Coordinator or the Human Resource department where you work. Some plans are defined by past calendar years. For example some insurance companies may consider the 2006 fee guide current, making your benefit less.

How does my insurance calculate allowed payments?

Many carriers refer to their allowed payments as **UCR**, which stands for Usual, Customary, and Reasonable. However, usual, customary and reasonable does not really mean exactly what it seems to mean. UCR is actually a listing of payments for all covered procedures negotiated by your employer and the insurance company. This listing is related to the cost of the premiums and where you are located in your city. Your employer has likely selected an allowed payment or UCR payment that corresponds to the premium cost they desire. UCR payments could be more accurately called negotiated payments.

Since payments are negotiated, does this mean that there is always a balance left for me to pay?

Typically there is always a portion that is not covered by your benefit plan.

If I always have a balance to pay, what good is insurance?

Even if a benefit plan does not cover a large portion of the cost of needed dentistry at least it pays something. Any amount covered reduces what you have to pay out of pocket. It helps!

Why is there an annual maximum on my benefits?

Maximums limit what a carrier has to cover each year; insurance companies are a business designed to make money. Amazingly, despite the fact that costs have steadily increased, annual maximum levels for dental care have not changed since the 1960's. Even since this time, maximum benefits have been approximately \$1000 per calendar year and have not kept up with inflation. Many other things have gone up 10x since then!!!

But my plan says that my exams and certain other procedures are covered at 100%

That 100% is usually what the insurance carrier allows as payment toward the procedure, not what your dentist or any other dentist in your area may actually charge. For example, say your dentist charges \$80 for an examination (not counting x-rays). Your carrier may allow \$60 as the 100% payment for that examination, leaving \$20 for you to pay

Why does my benefit plan only pay toward the least expensive alternative treatment?

To save money, many dental plans allow a benefit only for the least expensive method of treatment. For example, your dentist may recommend a crown, with your insurance only offering a benefit towards a filling. This does not mean that you have to accept the filling. Remember that your dentist's responsibility is to prescribe what is best for you. The insurance carrier's responsibility is to maximize their profits.

Why won't my insurance pay anything toward some procedures, such as x-rays, cleanings, and gum disease?

Your plan contract specifies how many certain types of procedures it will consider annually. It limits the number of x-rays, cleanings, and gum treatments it will cover because these are the types of treatments that many people need to have frequently. Please note that your polishing or fluoride may only be covered once a year. If you have gum disease you may need additional visits with the hygienist.

What should I do if my insurance doesn't pay for treatment I think should be covered?

Because your insurance coverage is between you, your employer, and the insurance carrier, your dentist does not have the power to make your plan pay. If your insurance doesn't pay, you are responsible for the total cost of treatment. The Employee Benefits Coordinator at your place of business also may be able to help. Consumers (patients) may also lodge complaints with the Insurance Carriers.