Dental Insurance

Frances H. Yankie, **D.D.S** works with all dental insurance companies, although we are an independent practice, also known as an out-of-network PPO provider. An out-of-network provider is one which has not contracted with your insurance company for reimbursement at a negotiated rate. Patients who are insured with a PPO provider can expect their carrier to reimburse according to the rules and regulations of the insurance plan. It's important to note that even if your insurance company treats your out-of-network care as if it's in-network, federal law does not require the out-of-network provider to accept your insurance company's payment as payment in full.

For example, let's say your insurance company has a "reasonable or customary" rate of $500 for a certain procedure, and you've already met your in-network deductible. Then you end up in a situation where an out-of-network provider performs the procedure, but it's one of the scenarios described above and your insurer agrees to pay the $500. But if the out-of-network provider charges $800, they can still send you a bill for the other $300. This is called balance billing, and it's legal if the provider isn't in your health plan's network.

We are happy to assist in filing to your insurance on your behalf as a courtesy.

Q: WHY AREN'T YOU A PREFERRED PROVIDER (PPO) FOR MY INSURANCE?

A: Unfortunately, some insurance companies simply do not pay dental providers enough to cover the cost of materials and labor for a procedure.

Q: I HAVE INSURANCE, SO WHY IS THERE AN OUT-OF-POCKET EXPENSE FOR MY TREATMENT?

A: Dental insurance generally offsets the cost of treatment, but doesn't pay for it entirely. On average, dental insurance covers 80-100% of preventative (cleaning, exam and x-rays), up to 80% of restorative (minor fillings) and up to 50% of major work (crowns and bridges). We do our best to estimate your portion of the payment before you leave our office, but with literally hundreds of insurance companies and thousands of individual plans it's simply impossible for us to know all of them. That's why it's so important for you to know your plan and take charge of your health!

Q: DOES THE DENTIST GET PAID BY THE INSURANCE COMPANY JUST FOR SIGNING UP TO BE A PPO?

A: No. The patient and the insurance company truly receive the most benefit in a PPO situation. As a dental office, we're just thankful to be on the list of options for our patients with insurance. You could truly go anywhere for your care. We're deeply honored each time a patient chooses us.

Q: YOU TOLD ME I OWED ONE AMOUNT, BUT NOW I HAVE A BILL FOR MORE. I THOUGHT MY INSURANCE COMPANY WAS SUPPOSED TO COVER THIS. WHAT HAPPENED?

A: We do our best to estimate your out-of-pocket cost before you leave our office. It's always our goal to be as accurate as possible about what you owe for your visit. As much as we try to be experts on every person's dental insurance, our real expertise is in dentistry! Please remember that we are an out-of-network PPO for multiple insurance companies and each company has dozens of plans that an employer can purchase for an employee. **We encourage all patients to be advocates of their own health**. But rest assured that we will do everything in our power to make sure you get the full benefit owed to you by your insurance company.

Here are a few reasons why you may have received a bill:

- Your insurance plan paid a lower percentage than expected for the procedure.
- The treatment you needed was not covered by your plan.
- The insurance company decided you did not need a procedure that the doctor identified as necessary or downgraded a procedure code.
- You have not met your deductible.
- You have not reached the end of your plan's waiting period and are ineligible for coverage.
- You've maxed out your plan (used up all your benefits on other procedures) and no longer have coverage until the plan resets next year.

Think about it like this. Pretend that your insurance card is like a debit card. If the procedure is covered, there's money in the bank to pay for it. You wouldn't spend money without knowing it's there waiting on you in your checking account. Insurance is similar. If you know your plan, you will know whether the funds are there to pay for services.

But insurance can be really confusing. That's where we come in. We want to educate you so that you can be empowered to take charge of your health and get the full benefit of the insurance you work hard to pay for.

Q: HOW LONG DOES IT TAKE FOR AN INSURANCE CLAIM TO BE PAID?

A: The time for a dental insurance carrier to process an insurance claim varies. At least 38 states have enacted laws requiring dental insurance carriers to pay claims within a timely period (ranging generally from 15 to 60 days). If you want to file a complaint about a delayed payment, contact the insurance commissioner in California. They want to know if your insurance company does not pay within the period allowed by the state law.

Q: THE DENTIST SAYS I NEED A CERTAIN PROCEDURE, BUT IT ISN'T COVERED BY MY INSURANCE. WHY NOT AND ISN'T THERE SOME OTHER PROCEDURE THAT WOULD WORK JUST THE SAME?

A: *Frances H. Yankie,* **D.D.S** diagnoses and provides treatment based on what you need, not based on what your insurance covers. Some employers or insurance plans exclude coverage for necessary treatment to reduce their cost. If you're having trouble affording your dental care, ask us! We offer financing options and if the procedure allows, we can sometimes spread out treatment a little to help you afford it.

Q: WILL YOU CHANGE THE DATE OR PUT A DIFFERENT DATE ON MY PROCEDURE, SO MY INSURANCE COMPANY WILL COVER IT?

A: No. This is insurance fraud. We are contracted with insurance companies to provide 100% honest information, otherwise our relationship would be cancelled, and our dental license revoked. Not to mention that we believe in providing honest, quality care because of who we are and what we believe.

Q: WHAT IF I STILL HAVE QUESTIONS?

A: We will do our best to answer all of your questions, however, a call to your insurance company, a visit to their website or a meeting with your plan administrator (often your human resources department of your employer) is a great step to fully understanding your insurance coverage. We encourage you

to learn as much as you can about your insurance and take charge of your health!

Q: I WANT TO TAKE CHARGE OF MY HEALTH. WHAT QUESTIONS SHOULD I ASK MY INSURANCE COMPANY/PLAN ADMINISTRATOR?

A: Your insurance company can provide you with a breakdown of your dental benefits, but there are six key things to ask about:

- Plan Year: Does your insurance follow a normal calendar year? (Jan. 1-Dec. 31) If not, what month and day does your plan year start and end?
- Yearly Maximum: What is your annual maximum benefit dollar amount?
- Waiting Periods/Age Limitations: Are there any waiting periods for benefits to begin or age limitations?
- Frequencies: How often does your plan cover cleanings, exams, x-rays, fluoride, and sealants?
- Composite Restorations: Does your plan reduce coverage to the rate of old-fashioned amalgam restoration material or does it cover up-to-date composite fillings?
- Percent Coverage: What out-of-network percent does your insurance cover for:
    - Preventative/Diagnostic?
    - Basic Restorative?
    - Major Restorative Treatment and Prosthodontics?

Once you have this information, bring it to us! It will help us understand your plan as well and help us better estimate your out-of-pocket expense.

Q: MY DENTAL INSURANCE HAS CHANGED. WHAT SHOULD I DO?

A: Most employers distribute new insurance cards occasionally without changing the plan, but sometimes a plan changes without the distribution of new cards or a new group number. It's always best to ask. If your plan changes or you have a new insurance carrier, call us to let us know about these changes right away. We can update your chart before your next appointment, saving you time waiting and filling out forms in the office. Plus, this will increase the accuracy of your estimated expense the next time you visit us!

Q: I SAW A DIFFERENT DENTIST THIS YEAR. HOW DO I KNOW HOW MUCH DENTAL BENEFIT I HAVE LEFT THIS YEAR?

A: We highly encourage you to call your insurance company and ask. And be sure to let our business staff know about any dental appointments you have had at another office during the benefit year. This will help to ensure you receive your full benefit at upcoming appointments.

Frances H. Yankie, D.D.S **does not accept Medicaid.**