

## ***Dental Insurance – Important Questions***

This form was created to help us determine your insurance benefit coverage for yourself and your family. Some insurance companies won't provide information about your coverage to us for privacy reasons. Unfortunately, they may only convey this information to you, the subscriber, of the insurance policy.

We request this information so that we can help you to understand your insurance limitations, in light of your dental care. However, we tailor your dental treatment around your needs. Please return this form to our office by fax at 403-223-1168 or email at (PDF or smart phone photo will work too). If you have questions, please call us at 403-223-3135.

1. What is the annual maximum allowed per patient?
  - a. Basic: \_\_\_\_\_
  - b. Major: \_\_\_\_\_
  - c. Combined: \_\_\_\_\_
2. What is the benefit year/anniversary date of the policy? \_\_\_\_\_
3. Is there an annual deductible? If yes, how much is it? \_\_\_\_\_
4. How many units of scale/root planning are covered every 12 months? \_\_\_\_\_
5. Which fee schedule does the policy follow? \_\_\_\_\_
6. Does this plan allow composite fillings on molar teeth? \_\_\_\_\_
7. What percentage of coverage is allowed for the following
  - a. Diagnostic Services: \_\_\_\_\_
  - b. Preventative Services: \_\_\_\_\_
  - c. Restorative Services: \_\_\_\_\_
  - d. Endodontic Services: \_\_\_\_\_
  - e. Periodontal Services: \_\_\_\_\_
  - f. Major Treatment: \_\_\_\_\_
8. Is adult fluoride treatment covered? If no, what age is the cutoff? \_\_\_\_\_
9. What is the frequency allowed for the following:
  - a. Complete Exams \_\_\_\_\_
  - b. Recall Exams \_\_\_\_\_
  - c. Bitewings \_\_\_\_\_
  - d. Panoramic X-Ray \_\_\_\_\_

## **Dental Insurance: Glossary of Terms**

Here is a brief list of a Glossary of Terms to help you understand what your insurance is referring to when they provide certain terms. These definitions usually hold true as a general rule but may not apply to all situations.

**Annual Maximum:** Most insurance plans have a dollar maximum. The coverage period is either the policy year (starting on a specific date) or the calendar year (Jan. 1 – Dec. 30). The plan may specify a separate maximum for basic treatment and for major treatment (crown and bridge, dentures). More than often it is not separate and includes both basic and major.

**Cleaning Limitations:** In some circumstances you may have limitations on nthe exams, polishing and fluoride treatment. However, you are likely still covered for the very important scaling component of maintaining the soft tissue surrounding the teeth. Scaling is the removal of plaque and calculus below the gum line. One unit of scaling is measured as a 15 minute interval. Most insurance plans provide for 8 to 12 units of scaling (30 to 45 minutes), such that 12 units would allow for up to 4 cleaning appointments per coverage year. Exams, polishing and fluoride treatment are scheduled in compliance with the insurance terms (usually annually), and not necessarily done at each appointment.

**Co-Insurance (or Co-Payment):** This is the outstanding percentage of the claim payment which is payable by the patient. If the insurance coverage is at 100%, the patient is responsible for the difference between the fee guides, if any. If insurance coverage is 80%, then the patient pays the remaining 20% as well as any fee guide difference.

**Deductible:** Like car insurance, some insurance plans have a deductible, which is a dollar amount which the insured must pay before the Insurance Company pays the claim. A deductible may be per individual or per family. This amount does not go towards the remaining balance from a claim payment on a procedure.

**Frequency Limitations:** Some insurance plans put a limit on the frequency of scaling, exams, polishing, fluoride and certain x-rays (such as bitewings and pan's)

**Missing Tooth Clause:** An Insurance company may not pay for replacement of a tooth that was missing before the policy was in effect. For example, if you lost a tooth before your insurance coverage started and later decided that you would like to have a partial denture, bridge or dental implant to replace the missing tooth, the insurance company would not have to pay for that service if they have a missing tooth clause in their plan.

## **Insurance and Financial Policy**

At Crawford Dental, we believe that you deserve the best care. That is why we present you with the best possible dental solution. If you have dental benefits, here are some important things you should know:

1. Your dental benefits are based upon a contract made between yourself or your employer and the insurance company. If you have any questions regarding your dental benefits, please contact your employer or the insurance company directly. They are there to assist you.
2. We currently accept all insurance plans. This means we work with several companies. Although we can maintain computerized histories of payments by a given company, they can change, therefore it is impossible to give you a guarantee as to what your insurance will cover. We may only be able to estimate your portion based on the information we have, but it is only an estimate. We will be happy to file a pre-determination with your insurance prior to treatment. This does delay treatment but will give you the out of pocket figure.
3. We will bill your insurance as a courtesy. It is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not and cannot be a part of that legal contract. If your insurance company will not pay our office, you will be responsible for all charges incurred.
4. Crawford Dental Clinic does require payment for your estimated portion when services are rendered. We accept Cash, Cheque, Debit, Master Card and Visa. If you are in need of an extended finance option, we do offer financial agreements.
5. A specific amount of time is reserved especially for you. We strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 48 hours notice.

## **Dental Insurance: Alberta Dental Fee Guide**

As of 1997, The Alberta Dental Association and College, no longer publishes a standard fee guide and as such there is no Alberta Dental Fee Guide.

Insurance companies now set their own fee guide. Some Insurance companies, such as Alberta Blue Cross, have more than one fee guide. Payment made by insurance for claims are based on a percentage of the rate in their fee guides.

Each dental office sets a single fee guide. According to the Alberta Dental Association's professional standards, that single fee guide may not vary between patients or insurance plans. Therefore, when a plan states that it offers 100% coverage, that percentage is based on the Insurance Company's fee guide (and does not necessarily equal the dental office's fee guide).

At our office, we believe in providing a high standard of care at a fair price. Our services are provided by general dentists.