

Dr. Stacy Johnson, DDS, MS
Your Dental Insurance

As a Family Practice Dental Office, we strongly believe our patients deserve the best possible dental service we can provide. As a courtesy, our office may accept direct reimbursement from your dental carrier. We do not participate with carriers that restrict access to dental providers or insist on cut-rate fee schedules. We believe fully in freedom-of-choice and in the value of our services.

Our first priority is your health and maintaining the relationship we have established with you. We take the responsibility as your healthcare provider very seriously and have your best interest in mind during all office visits. It is essential that diagnoses and treatment of dental disease is based on establishing safe, long-term, stable oral health choices for the patient, not on insurance companies benefit tables. WE do not diagnose, render treatment or establish fees according to any insurance table of allowances. Our treatment recommendations are based on your individual wants and needs, not the type of insurance you carry.

In an effort to maintain the highest standard quality of care, we would like to share some facts about dental insurance with you.

Fact #1: Your dental insurance is based upon a contract made between you, your employer, and the dental insurance company. Should questions arise regarding your dental insurance benefits, we are happy to help answer your questions, however, it is best for you to contact your employer or insurance company directly.

Fact # 2: Dental insurance benefits differ greatly from general health insurance. Most dental plans offer a maximum benefit of \$1000 per calendar year. (This incidentally is the same average amount of dental benefit provided since 1964.) Therefore, dental insurance is never a pay-all it is only an aid.

Fact #3: You may receive notification from your insurance company stating that our dental fees are “higher than usual and customary”. However included in this survey are discounted dental clinics and managed care facilities, which bring down the average. Any doctor in a private practice will have fees that insurance companies define as higher than “usual and customary”. The sad fact is that most insurance benefits are too low!

Fact #4: Many plans tell their participants that they will be covered “up to 80% or “up to 100%, but do not clearly specify plan fee schedule allowances, annual maximum or limitations. It is more realistic to expect dental insurance to cover 35% to 65% of major services. Remember that the amount a plan pays is determined by the contract made between your employer and the insurance company.

As a courtesy, we will file your insurance claim and request you pay your estimated co-payment as services are rendered. As insurance responds we will forward a statement for any remaining portion, we do ask that you pay the amount due in full. Regardless of insurance coverage, you are responsible for all fees from the time services are rendered.

Note: We are happy to process any insurance claim as a service to you at no charge. Please keep in mind that any **estimates** we provide you are **only an estimate**, (based directly on the guidelines established by your insurance carrier), and that you are responsible for all fees in their entirety. We are proud that our fees reflect the time that the doctor spends with each patient, as well as the overall quality of care and services we provide in our practice. Our fees are not based upon any insurance schedules and are often about insurance allowances. Our fees are on average in-line with fees charged by other dentists in our area. You may wish to contact your company’s benefits representative should your plan benefits be less than expected.