

Dental Insurance FAQ's

1. How does my dental insurance work?

Answer:

Most dental insurance is provided as a benefit through employers or employee groups. It is designed to reduce the cost of your dental care. Your insurance contract is between you and your insurance company. The type of benefits in your contract depends on the agreement between your employer and the insurance company. The actual coverage you receive will depend on how much you and your employer or union have agreed to pay towards the cost of your dental care, and the specific benefits that they have agreed to provide.

2. How much will my insurance cover?

Answer:

Dental insurance, or dental assistance as it should be called, is designed to help pay part of the cost of dental treatment. It is common for many dental plans to reimburse patients at up to 50, 80 or even 100% of the cost of many dental services. There are many different plans available, and we may not be familiar with your particular plan. Please bring your benefit booklet with you at your next visit and we will be glad to help you understand your coverage.

3. What is my financial responsibility?

Answer:

Although you have dental insurance, some employers have included plan limitations in order for you to share in the cost of your dental care. Some of the most common benefit plan designs currently being offered are:

Annual deductible amount. In this case, the employee may be required to pay the first \$25 or \$50 claimed each year.

Frequency limitations. Dental plans may limit the number of visits to the dentist each year that will be covered by the insurance plan.

Annual dollar maximums. Employers may create a maximum limit (ie. \$1500 limit that the dental plan will cover each year. Any amount in dental services beyond this will be at your expense. It is up to you to be familiar with your plan and know its maximum limit.

Co-payment. Through a sharing formula specified in the dental plan contract, the dental plan may only cover a percentage of the eligible amount claimed. The employee is responsible for paying the remainder. For example, if you have a 20% co-payment and you have a dental claim

for \$100 in services, your insurance would pay \$80 and you would be responsible to pay the outstanding balance of \$20.

4. How do co-payments work?

Answer:

Here how it works. For example, suppose your dentist bills you \$100 for your dental treatment. Before the claim form goes to your insurance company, you are required to sign the claim form at the time treatment was rendered, verifying that the charge is accurate and that you are financially responsible to the dentist for the entire charge. This is an important because your dental plan probably will not cover the whole bill. For example, if your plan pays 80% of the bill, your insurance company will cover the first \$80 leaving you responsible for paying the remaining \$20 as an out-of-pocket expense.

It is against the law (insurance fraud) for you or your dentist to conspire to avoid paying the co-payment. Not only is it a violation of the law, but it is contrary to the regulations of our governing body. This practice is considered professional misconduct.

Insurance companies reserve the right to request that the patient provide proof that the co-payment has actually been paid. If the patient is unable to provide proof, the insurance company may demand that the patient make financial restitution to the insurance company or it may apply an overpayment to future claim payments.

5. What is a predetermination?

Answer:

A predetermination is a treatment plan submitted to your insurance company outlining the proposed dental services that you and your dentist have mutually agreed upon. It allows you to find out which dental services are covered by your dental plan. With prior knowledge of your benefits, you can budget for non-covered services, and maximize your yearly benefits.

6. What if my dentist recommends a treatment that my dental insurance does not cover? Does this mean that the treatment is not really necessary?

Answer:

Your dental plan may not cover all the costs associated with the specific treatment you require and/or desire. Treatment decisions should be made in consultation with your dentist. Be aware of what your plan does and does not cover, but you should not let this factor alone determine your care. Only you and your dentist can decide upon the treatment that is best for you.

7. What if my dentist recommends one type of treatment but my plan only covers another?

Answer:

Some dental plans restrict coverage to the least expensive (in the short term) procedure that can be used for a particular dental problem. However, the least expensive procedure may not necessarily provide the best long-term solution for your problem. You should base your treatment decisions on your dental needs and not solely on the coverage of your plan. If in doubt, talk to your dentist about the recommended treatment options and have him or her prepare a plan that can be submitted to your insurance company for predetermination of your insurance benefits.

8. What is dual insurance?

Answer:

If you and your spouse are covered individually under separate dental plans, you may file claims with both insurance companies. However, most plans require a "coordination of benefits" so that you will not be reimbursed more than 100% of the total cost of your dental care.

9. How do I file a dental claim?

Answer:

At each visit, we will file your claim for reimbursement. Cambrian Dental Centre accepts "assignment of benefits" and will make payment directly to your dental account upon receipt from the insurance company. On certain occasions, you will receive payment directly from the insurance company for treatment rendered. We kindly ask you to submit this payment, if not already paid in advance, to our office for immediate posting to your account with us.

10. What is your payment policy?

Answer:

In order to maintain your personal account in good standing with us, we request that any outstanding balance be paid in full at each appointment. You will be responsible for paying the portion not covered by your dental insurance at the time of treatment.

Financial arrangements may be made, in advance, for special services. These arrangements are made at the discretion of the treating dentist.

Our methods of payment include:

1. Visa or Mastercard
2. Debit card or cash
3. Personal cheque
4. [Care Credit](#)