

Insurance Terms You Should Be Aware Of.

Annual Maximum

■ Most insurance companies have an annual maximum amount of coverage for each patient listed under the insurance policy. This coverage may be changed and patients may not be informed.

Deductible

■ The dollar amount the patient pays toward their treatment total before insurance coverage begins.

Eligibility

■ Eligibility determines who is covered under the insurance policy.

Exclusions

■ Many dental services and treatments that are clinically necessary are not covered by dental insurance. These exclusions are usually described in the patient's insurance booklet, but please be aware that more treatments are being excluded to reduce costs.

Co-Payment

■ This is the "Out of Pocket" part of the treatment fee that is not covered by dental insurance. The insurance company will pay a certain percentage of the treatment, but they very rarely cover 100%.

Dual Coverage

■ This is when both spouses are covered by different insurance plans. The insurance companies usually co-ordinate the benefits so that the patient does not receive more than 100% of the cost of the treatment.

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CHANGES

in your

Dental Benefits



Facts

Every Patient

should know

Facts About The Changes In Dental Benefits

- Some dental benefits are changing rapidly with many reductions in coverage.
- Benefit coverage is a contract between yourself, the insurance company and your employer. Not the dentist.
- Dental benefit companies do not inform dental offices of changes to your policy.
- We suggest that you get updated information from your insurance company before making dental appointments.
- As a courtesy to our patients, we are happy to help you understand your insurance coverage.
- Dental benefits may not cover 100% of your dentistry.
- Coverage is being reduced drastically. This means that many necessary treatments may no longer be covered, by your plan.

■ We encourage our patients to be familiar with their dental plan in order to eliminate disappointments with payment and reimbursement.

our team members are qualified to help you, if you have any questions.

- Some companies offer 100% coverage of 2002 fees-or less. Our fees maybe higher than the average dental benefits plan.
- Our fees are based on our clinical expertise, the quality of care, our state of the art equipment and materials provided.
- If you have any questions regarding your coverage, we recommend that you call your insurance company. We would like to avoid the disappointment of you proceeding with the necessary treatment that the dentist has recommended, because you assume that it is covered. If you later find out that your plan has changed, or that the treatment is no longer covered, you will be unhappy.

■ We are happy to offer our patients a pre-estimate of treatment fees, which can be sent to your insurance company for confirmation of your coverage. This will enable you to plan your finances, before commencing with treatment. We are pleased to discuss fees and payment options with you.

- You need to be aware that insurance companies will sometimes send back approvals with a request for cheaper, alternative treatment plans. Our office is happy to discuss any alternatives and choices with you prior to treatment.
- Some employers are offering their employees dental coverage, which is minimal and restricts your choice of Dentist and treatments.