



ORTHODONTIC INSURANCE

Orthodontic benefits, while part of your dental insurance plan, are somewhat different than the other aspects of your plan. Most times there is a lifetime benefit per individual as opposed to annual maximums that reset each year, and orthodontic benefits are typically paid out over the course of treatment, rather than a lump sum payment the day the orthodontic treatment begins. Sometimes there are age limits as well where coverage will cease at age 19 or 23. Moreover, there are literally hundreds (sometimes even thousands) of different orthodontic plans from each insurance company (for example not all Delta Dental or Metlife Dental plans have the same orthodontic benefits or payout schedules). Also, sometimes each employer offers different "levels" of benefits as well through the same company.

What this all means is that Orthodontic Insurance is a very complex issue. We have a full time staff member devoted to working with insurance companies in order to ensure our patients obtain their maximum benefit. We work directly with these companies and accept "assignment" of benefits which means insurance companies will pay us directly thereby reducing your out-of-pocket costs. We are a Preferred Provider for most major dental insurance companies PPO plans including, but not limited to: Anthem, Cigna, Delta Dental, Metlife Dental, United Concordia, Humana and a host of others. Our practice must undergo a significant credentialing process in order to be accepted into their network. **Please understand that if you have a basic, discount, limited, HMO or Medicaid Plan through one of these companies benefits may not be available to you in our office.**

We will do our best to verify your insurance benefits and collect payment from your insurance company. Please understand that ultimately it is the financial responsible party's responsibility to verify benefits with their company. We will provide you with benefit estimates only – it is NOT a guarantee of payment. The entire fee quoted is ultimately the responsibility of the financial party.

Many times an employer will change plans, a patient will change jobs and get new coverage, or a secondary insurance plan will come into play via another party. Again we will make every attempt to coordinate these new benefits and collect payment, but many times there are "pre-existing" clauses that come into play or one company will not pay until the other is done paying, etc. Keep in mind that any unpaid insurance balance at the end of the contract term becomes due and payable by the responsible financial party. In addition, some insurance companies (Metlife in particular) have begun billing orthodontic benefits (instead of from your annual dental maximum) for adjunct procedures (tooth removal, tooth exposures, etc.) if they are for orthodontic purposes. For example, if a patient has a \$2000 lifetime maximum benefit, but has to have \$500 worth of Oral Surgery prior to having their braces placed, the Orthodontic Maximum is effectively reduced to \$1500. We receive NO notification of this from the insurance companies until the balance comes up \$500 short at the end of treatment.

Once treatment starts, the person who the insurance is carried by will receive Estimate of Benefits or EOB's. These can be very confusing (for us too!). Please understand that there are codes and procedures that we must enter in order to receive benefits. Most times these will NOT correlate directly with your financial contract with us. We receive lots of calls after the first EOB is received asking why they owe additional money, etc. and this is usually never the case.

A simple rule to live by is this - we will handle all insurance claims, payments, problems, etc. until we have exhausted all efforts to collect payment. If and when this happens, we will contact you and ask you to work with your company/benefits coordinator directly to see if you can resolve the issue. If not, we will work with you to satisfy any unpaid insurance balance.