## CHARLES L. MCBRAYER, DDS PRACTICE LIMITED TO PERIODONTICS AND DENTAL IMPLANTS HAMILL PROFESSIONAL CENTRE 5022 OLD GODSEY LANE, STE 1 HIXSON, TN 37343 (423)870-9567 FAX (423) 870-5331

## **FACTS YOU SHOULD KNOW ABOUT DENTAL INSURANCE**

DENTAL INSURANCE is rapidly playing a larger role in helping people obtain dental treatment. Since we strongly feel our patients deserve the best possible care we can provide, and in an effort to maintain the high quality of care, we would like to share the following with you:

FACT 1: Dental insurance is a contract between you and the insurance company and is only meant to help you with your dental costs; it is not a pay-all.

FACT 2: Many insurance plans state that a certain percentage will be paid. This may be the case, but most often, it is a percentage of an amount allowed under your plan. Maximum allowable and usual customary fees are key factors when determining what benefits will be paid. Some plans do not pay on a percentage basis at all. These plans have a benefits fee schedule.

FACT 3: Your employer may have the opportunity to increase your dental benefits. Usually employers have the advantage of being able to state what they want written into an insurance plan. You might check with your personnel department to see if you have any options available.

FACT 4: It has been the experience of many dental offices to receive a statement from the insurance carrier saying, "fees are above the usual and customary" rather than saying "maximum allowed under this patient's plan." Remember, you only get back what is put into the plan.

FACT 5: Some dental services are not covered by all insurance plans.

Please do not hesitate to ask us any questions about our office policies regarding insurance. We file insurance at no charge to our patients. If you do not wish to pay your bill in full at the time of treatment, you may opt to obtain a pre-treatment estimate prior to services recommended with benefits being assigned to our office, and with the percentage not covered payable at the time of service.

If for any reason the account is turned over for collections, the patient agrees to pay attorney fees or collection agency fees and court costs.

Date	Signature of Patient