



Our Office Policy Regarding Dental Insurance

Our policy regarding your dental insurance benefits goes beyond simply submitting claims for you. Once you've agreed to the treatment we propose and upon completion of our work, we will submit the claims to your insurance carrier. At times it is necessary to challenge the decisions of the insurance company in order to gain the benefits you deserve, and as a customer service oriented practice we will utilize our in-house insurance benefit specialists to pursue these issues on your behalf. However, there are situations that the corrections or updates can only be completed by the member. In these cases you will be notified by our staff and/or your insurance carrier.

We receive hundreds of questions each week relating to payment, policy issues and more. Our knowledgeable staff can help you understand & maximize use of your dental insurance benefits. It's important to understand your policy, and the choices your employer may be giving you so that you can make the best decision possible to suit your dental needs.

If you have questions about your insurance policy or anything related to insurance, claims, etc. please contact our Benefit Specialist team directly at insurance@coastalkidsdental.com or by phone 843.410.0922.

Fact 1. Dental Insurance Plans are Designed Extremely Differently than Medical Insurance Plans

Dental insurance benefits differ greatly from traditional medical health-insurance benefits and can also vary quite a bit from plan to plan. Whereas medical insurance was designed to cover the majority of costs, dental insurance was designed as a supplemental aid to the individual's costs.

Fact 2. Benefits are Not Determined by Our Office

Dental insurance is a contract between your employer and a dental insurance company and the benefits you receive are based on the terms of the contract that was negotiated between those two companies. At times, the benefits negotiated do not align with the dental needs of the patient. We pride ourselves in our endeavor to help you maximize your benefits, without allowing the insurance company to mandate the services provided to your child. Our policy is to inform you of the medical based importance of this recommended procedure and then allow you to make the decision which best fits your family's needs.

Fact 3. Understanding Insurance Classifications of UCR

You may have noticed that at times, your dental insurer reimburses you or the dentist a lower rate than the dentist's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your dentist's fee has exceeded the usual, customary, or reasonable fee (UCR) used by the company. What exactly does this mean? A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most dentists in the area charge for a certain service. This can be very misleading and simply is not accurate. We prefer the term Insurance allowable fee structure as it is more accurate and not as misleading as the term Usual, customary, or reasonable (UCR) is. Insurance companies set their own schedules and each company uses a different set of fees that they consider allowable. These allowable fees may vary widely and have a broad basis upon which they are set by the insurance companies.

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Fact 4. Deductibles & Co-Payments Must be Considered

When estimating dental benefits, deductibles and percentages must be considered. To illustrate, assume the fee for service is \$150.00. Assuming that the insurance company allows \$150.00 as its usual and customary (UCR) fee, we can figure out what benefits will be paid. First a deductible (paid by you), on average \$50, is subtracted, leaving \$100.00. The plan then pays 80% for this particular procedure. The insurance company will then pay 80% of \$100.00, or \$80.00. Out of a \$150.00 fee they will pay an estimated \$80.00 leaving the remaining portion of \$70.00 (to be paid by the patient). Of course, if the UCR is less than \$150.00 or your plan pays only at 50% then the insurance benefits will also be significantly less. MOST IMPORTANTLY, please keep us informed of any insurance changes such as policy name, insurance company address, or a change of employment.

Types of Dental Insurance

Traditional Dental Insurance: This type of policy allows you to go to any dentist in the country. For this policy type, as well all types of dental insurance, we submit your insurance claim for you. Most dental insurance carriers stipulate an initial deductible to be paid by the member. Typically the deductible is waived for preventative care (cleanings, fluoride, exams and x-rays), and is applied the first time the member uses his/her benefits for restorative or operative treatment (fillings, crowns, root canals, etc). These type of policy usually run on a 100% (Preventative), 80% (Basic), 50% (Major) percentage scale.

PPO Dental Insurance: This type of policy is similar to the traditional dental insurance in structure but adds a choice to the policy holder. The member has the choice of using a contracted, in-network provider (if there is one in the area) or using an out of network provider. Coastal Kids Dental & Braces, unlike most dental specialists, are in-network with many insurance companies. Feel free to contact us to discuss if your insurance policy is through one of our in-network companies. If our office is not contracted as an in-network provider, you can still be seen at our practice and utilize your dental insurance. We'll even file your dental insurance claim on your behalf.

EPO Insurance: These plans mandate that the member use a dental provider on the list only and on the list only. The goal of these policies is to provide basic dental care to the members. Members often have to pay a co-pay and the carrier/policy pays on a fee schedule negotiated by their employer

HMO Insurance: These plans mandate that the member use a dental provider who is in-network with the HMO plan. Currently Coastal Kids Dental & Braces is not in-network with any HMO plans.

Fee Schedule:

Unlike traditional insurances which pay a percentage of the dentist's fees, a plan that pays on a Fee Schedule pays a nominal, set dollar amount for each procedure code. Your insurance company will give you a copy of this schedule upon request. Oftentimes, employers allow their employees to pick the policy they wish to have, requiring the employee to pay the difference in the premiums.

Insurance Disclosure:

Failure to disclose insurance information is a crime under South Carolina law. If insurance is not disclosed, you can and will be subject to criminal and civil penalties.

Please ensure you have notified your front desk of all private and state insurance plans your child/children may be enrolled in including private and state insurance.

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