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Explaining Dental "Insurance"

Let's talk about Dental "Insurance"

It is more accurate to call it a Dental Supplement rather than Dental "Insurance". Dental "Insurance" is very different than medical insurance.

Dental "insurance" started in the 1970s and has not changed significantly. Most plans have an annual maximum of between \$1000 and \$1500 per year. Most plans have a 100/80/50 tier – 100% (of their allowable) for preventive care, 80% (of their allowable) for fillings and 50% (of their allowable) for crowns.

You may see your dental insurance company use terms such as "allowable amount" or "Usual, Customary, and Reasonable" (UCR) fees. There may be times that our fee is more than your insurance company's "allowable" or UCR amount. Please remember, it is your insurance company that determines their own "usual, customary, and reasonable" fees and those fees have nothing to do with the average charge for services in your area.

Our relationship is with you, not your insurance company. Insurance companies are not medical experts. What insurance "allows" and what is in your best dental interest are not always the same thing. Our goal is to provide you with the best care we can to help you maintain your optimum dental health. That may or may not be the goal of your dental "insurance" company.

We will provide you with a treatment plan with an estimate of your portion after insurance reimbursement. Please keep in mind that until your insurance company processes your claim it is only an estimate. We make no guarantee of insurance reimbursement. If insurance reimbursement is less than estimated the patient is responsible for the balance.