

**LAWRENCE FAMILY DENTISTRY**  
**3302 Bridges Street, Ste. H**  
**Morehead City, NC 28557**

**HOW TO GET THE MOST OUT OF YOUR DENTAL INSURANCE BENEFITS**

Your Dental Insurance can be a little difficult to understand. We hope this information will answer some of your questions and concerns.

**There are 3 Insurance Coverage Types**

- 1) DMO: Dental Maintenance Organization. This type only pays the providers who are on the “list” of approved providers. It offers the lowest of premiums.
- 2) PPO: Preferred Provider Organization. This type generally has a two-tier structure. Tier one (preferred providers) receive the highest benefits. Tier two (non-preferred providers) receive a lower reimbursement rate and the balance is collected from the patient.
- 3) Indemnity: Indemnity plans offer the greatest flexibility and allow the patient to see any licensed dentist. Reimbursement rates are the same no matter whom the patient sees for care. This plan has the highest premium.

**Always bring your dental insurance card with you to your appointment.** If you are not the subscriber (policy holder) on the card, we will need the name, address, phone #, date of birth, place of employment and social security number of the person who is the subscriber.

**It is always a good idea for you to call or go online to check out your dental eligibility and benefits before your dental visit.** You may also have a dental booklet you may refer to. Bring any information you have to your appointment. The “800” number will be on your insurance card. For your convenience, you may use the attached list of questions on the last page of this information when speaking with your representative. Having this information in advance will help your insurance company pay its maximum benefits without delay or denial.

**A Better Understanding of Insurance “Estimates”**

After we have entered your insurance information into our computer, our system generates an “estimate” of what your insurance will pay for your treatment. This can be very confusing when the payment comes back and our estimate is different from the actual amount your insurance pays. Many things effect what your insurance carrier will pay. You may be told you will get two “free” cleanings per benefit year. The “free” cleaning your policy provides may not actually be totally free if the allowed amount your plan pays is less than the fee for that service. Usually, *if there is a difference*, it will only be a few dollars out of pocket for the patient. You are responsible for the balance.

Some insurance companies tell their clients that “fees are above the usual and customary fees” rather than saying to them that “our benefits are too low.” In our office we do not view our patients as “usual and customary,” but as quality people who expect quality dentistry. Remember, your insurance benefit is limited by what you or your employer pays for the plan less the profits of the insurance company.

**Our office is no longer in network with Delta or Blue Cross Blue Shield. Just in the case of both these companies, you will be asked to pay the full fee the day of service.** We will file your claim for you and a check for the allowed amount will be sent directly to you. We will accept all other insurances, but remain out of network, collecting the estimated co-payment at your visit.

We are only in network with CIGNA *group* policies (TOTAL DPPO). Please check with your insurance provider to see if your policy qualifies.

It is **very important** for you to take the initiative to call your insurance company and speak with your customer service representative to get all the details of your policy. We do all we can to assure you of maximum benefits, but bear in mind that the insurance company is responsible to you and you are responsible to us for your account. We cannot render service on the assumption that the charges will be paid by the insurance company.

---

**Questions to ask your Dental Insurance Carrier (See number on back of card)**

1. Effective Date \_\_\_\_\_
2. Date the policy benefits renew \_\_\_\_\_
3. Deductible? Amount \_\_\_\_\_ Remaining ded. \_\_\_\_\_
4. Maximum Benefits \_\_\_\_\_
5. What is my coverage for Preventative \_\_\_\_\_ %, Basic \_\_\_\_\_ %, Major \_\_\_\_\_ %
6. **Are there any waiting periods?** \_\_\_\_\_
7. How much do I have left in Benefits this year? \_\_\_\_\_

**Insurance Representative's name** \_\_\_\_\_  
*(Please bring this questionnaire with you to your appointment. Thanks.)*