



Our Office Policy Regarding Dental Insurance

At Riverbend Pediatric Dentistry, we work hard to make sure that patients are able to maximize their dental benefits.

We work with (accept) all PPO dental insurance plans, but may be considered out of network for some plans. This does not mean that you will not be able to utilize your dental insurance benefits at our office, it just means that we are not contracted as a preferred provider for the insurance company.

Our office is currently "in-network" with the following insurance companies: Delta Dental (PPO and Premier), Cigna Radius, Advantica, United Healthcare, and MetLife.

- We will collect your insurance information before your visit so that we can determine your estimate of benefits. (We have found that for many patients with private PPO dental insurance, preventive services have been estimated to receive coverage at 80-100% of allowable fees even when visiting a provider that is out of network.)
- You will be responsible for the estimated portion not covered by insurance the day of your appointment.
- We will then submit the claim to the insurance company for the remaining account balance.
- Once the insurance company has made their payment on the claim, the account will be billed for any remaining balance not covered by the insurance company (any difference in the allowed fee by the insurance company and the fee charge by the practice).
- Insurance companies will be given a reasonable amount of time to reimburse the practice for services provided (typically 30 days), if payment has not been received within this time frame the patient will be responsible for payment of the outstanding balance on the account. If the insurance company happens to reimburse the practice after the account has been paid in full, we will either write you a check for the amount owed to you or credit your account to apply towards future appointments, whichever you prefer.

The agreement between you, your employer, and the insurance company will determine your benefits. The benefits will be determined by the dental insurance plan that your employer chose to offer its employees. We do not have an agreement with your insurance company in this manner, therefore we do not have any influence on what they will reimburse for treatment that we provide or what services will be covered.

- 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 individual company. This gives the impression that the dentist's office is "overcharging", instead of the stating that they (the insurance company) is "underpaying". The insurance companies set their own schedule of "allowable fees". There can be a wide range in allowable fees between companies because each company collects information from the individual claims that they process to arrive at their allowable fee schedule. Many times the fee schedule can be several years old and not up to date with current fee schedules in private dental offices. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit.
- Please be aware that services provided by dental professionals at other offices may have an impact on the coverage and eligibility for services provided at Riverbend Pediatric Dentistry.

We will do everything within our power maximize your dental benefits, minimize your out of pocket expense, and provide quality dental care for your children! If you have any questions, please feel free to ask! It is our pleasure to help in any way that we can!