

INSURANCE POLICIES

Billing insurance claims is a service that we provide to our patients at no additional cost. Dealing with insurance companies especially with respect to orthodontics can be complicated as well as confusing. Many times what we estimate they will pay does not end up being what they actually do pay. That is why on our payment options form as well as in our contracts, we use the word “estimate” in every area that discusses insurance.

Not only are there hundreds of insurance companies, but also within these companies are many different plans contracted through employers. Our office is consistent in its policies when billing insurance claims. Every patient’s claim form is coded the same and billed in the manner as dictated by the insurance company. Occasionally there are some policies that are out of the ordinary. There is no way that we can know every detail about all of these policies. We can only do our best with what we do know.

Orthodontic charges are not based on the number of visits. Our records are charged out on the day the service was performed, and billed to the insurance company at the end of each month. The actual orthodontic contract is charged out on the day treatment begins. The patient then chooses payment preference. As our contract states, “if the actual benefits are less than the amount shown, the patient will be responsible for the difference.” When we bill out for the records, the insurance company usually decides whether to apply it to your orthodontic maximum or pay it out under general dentistry.

We do our best in our communications with the insurance companies. The ultimate responsibility lies with the insured. If you have detailed questions, we would encourage you to contact the insurance company directly.