Dental Insurance Policy

1. Understanding of Dental Insurance (Massachusetts)

I understand that dental insurance is a contract between employer and my insurance carrier and/or myself. This dental practice is not a party to that contract.

Benefit payments are determined solely by my insurance carrier and are subject to plan limitations, exclusions, waiting periods, annual maximums, deductibles, frequency limitations, and medical necessity determinations as regulated by the Massachusetts Division of Insurance.

Submission of a claim by this office does not guarantee payment.

2. In-Network vs. Out-of-Network Benefits
In-Network Carriers Include:

- ***Delta Dental***
- ***Cigna Total***
- ***BCBS Indemnity & Grid+***
- ***Altus***

I understand:

- If this office is **in-network**, reimbursement is based on the contracted fee schedule negotiated with my insurance carrier.
- If this office is **out-of-network**, reimbursement may be based on my insurance carrier's internal **Usual, Customary, and Reasonable (UCR)** fee schedule.
- The carrier's UCR allowance may be lower than this office's standard fee.

Out-of-network benefits refer to what your dental insurance will pay when you see a provider who is **not contracted with your insurance plan**.

- **What "out of network" means**
  A provider is **out of network** when they **do not have a negotiated contract** with your insurance company. This means fees are **not pre-set** by the insurance.

- **How benefits typically work**
  Even if a provider is out of network, many plans still offer **partial coverage**:

- Insurance pays a **percentage of what they consider "usual and customary" (UCR)**
- The patient is responsible for:
  - The **remaining percentage** (coinsurance)
  - **Any difference** between the provider's fee and the insurance's allowed amount (called *balance billing*)

- **Example (simple)**
  - Office fee: $1,000
  - Insurance "allowed amount": $700
  - Coverage: 50%

  Insurance pays: $350 (50% of $700)
  Patient pays:
  - $350 (remaining 50%)
    - $300 (difference between $1,000 and $700)

      Total patient cost: $650

- **Key points patients should know**
  - Benefits are usually **lower** than in-network coverage
  - There may be **higher out-of-pocket costs**
  - Patients may need to **pay upfront** and get reimbursed (depends on office policy)
  - Deductibles and annual maximums **still apply**

Out-of-network insurance plans cannot estimate what the patient may owe because their payment is based on their own allowed fee schedule.

Certain Massachusetts plans may reimburse up to the carrier's allowed amount, which in some cases may equal this office's usual and customary fee. However, I understand it is **my responsibility** to contact my insurance carrier directly to determine:

- Network participation status
- Allowed fee or UCR amount
- Percentage of coverage
- Deductible and annual maximum
- Any exclusions, waiting periods, or limitations

The dental office does not guarantee benefit levels or payment amounts.