

DENTAL BENEFITS

We are pleased that many of you have dental benefits and our office will assist you in obtaining the maximum benefits specified in your contract. However, your benefits are a contract between you, your employer, and an insurance carrier. We will assist you in determining your benefits as best we can.

Because plans differ from carrier to carrier and policy to policy, our office may refer you to your insurance carrier or your employers benefits coordinator for assistance in understanding your plan.

As a courtesy to you we will file your benefits claim and accept assignment of benefits. We ask that your estimated co-payments and deductibles be paid at the time of service. Balances with benefit claims outstanding more than 90 days may be reverted back to the patient.

Not all services are a covered benefit in all contracts. Some carriers and employers select only some services to be covered. You are responsible for payment of all services regardless of the payable benefits. Any estimated amounts due and payable by the patient (including co-pays and deductibles) are required to be paid on or by the day services are performed.

Dr. Perrotta's practice is committed to optimal care which means we will not do anything for you that is less than what we would want for our families or ourselves. We will always recommend the procedure that is the best clinical option for a given diagnosis. We are very concerned that rising insurance premiums and contractual exclusions are now threatening the quality of dental care and the relationship we enjoy with our patients.

Many insurance carriers now commonly pay an "alternate benefit" or "least costly equivalent benefit" when multiple methods of treatment are available. We do not believe our patients want us to compromise our integrity by offering a lower quality of dental care, and we believe our patients value their natural teeth enough to pay a portion of the cost to keep them healthy. With our patients' best interest in mind, we will make every effort to verify with your carrier your plan's parameters.

In most cases this information is not made available to us until your claim is paid by your carrier. It is our intention to provide you with the most accurate cost estimate for your total out of pocket cost and eliminate any billing surprises. We will collect from you at the time of service the amount we believe to be correct based on the information we have been provided by you or your carrier. If, after final payment of the claim an alternate benefit or least costly equivalent benefit is paid, the difference in the cost will be the patient's responsibility. At that time an invoice will be mailed to you.

Our practice will not let the insurance industry's standard of least costly equivalent care dictate our treatment or your care.