David C. Wood
Family and Cosmetic Dentistry

INSURANCE FREQUENTLY ASKED QUESTIONS

- **Do you accept my insurance and what insurance network is your office "in network" with?**
    - With the exception of Medicaid, we "accept" all insurance types. However, we are only "in-network" with Delta Dental Premier.
- **If your office is not in my network can I still come there?**
    - Absolutely! Most out our patients are "out of network" or "self pay." Why? Our office is dedicated to the highest quality of dental work. All of our work is guaranteed. Our patients prefer to pay a little more out of pocket for quality dentistry.
- **What is the benefit of going to an "in-network" dentist?**
    - Fee discounts and higher coverage percentages. For example, an "in network" patient may receive 50% for a service, while an "out of network" patient may receive 30%. This differs from medical insurance, where many medical plans pay 0% if you are out of network.
- **Why is my dental insurance so bad?**
    - Many companies select dental coverage based on price alone. The cheaper the better. The problem is as they say: "you get what you pay for." Some businesses only pay $5-10 per month on dental insurance to give the illusion of a dental benefit to their employees. These plans don't get you very far.
- **Do I really need dental insurance?**
    - No, actually depending on the person and factors like age and dental history, you may actually spend less by paying for cleanings out of pocket every 6 months.
- **Will your office call my insurance company if there are payment issues?**
    - We are always the first line of defense when it comes to insurance disputes. Insurance companies like to play games, and we know all of them.
- **Is it possible to know how much a procedure will cost prior to the start of that procedure?**
    - Yes! Our office will gladly request a "Pre-treatment Estimate" (PTE) from your insurance company prior to treatment. Just ask for a "PTE!"
- **Does insurance pay for cosmetic work?**
    - Dental insurance companies will not cover any services that are strictly "cosmetic." However, if the tooth has an underlying condition, like an old filling or a crack, then we will fight to get it covered.
- **What if I have two insurances?**
    - Great! One will be the "primary" and the other the "secondary. We always file the primary first, and once they have paid then the secondary claims are submitted.
- **What are insurance "Frequency Limits?"**
    - Insurance companies limit the number of times certain procedures will be covered during a specific time period. These are called "frequency limits." For example, a common frequency limits for cleanings is two per calendar year.
- **What is the "Annual Maximum?"**
    - This is the total amount of money that the insurance company would be willing to pay in a twelve-month period. Usually this refers to a calendar year, from Jan 1- Dec 31. Unless your insurance company specifically states that routine cleanings do not count toward your annual maximum, assume they do!
- **Do dental plans have limits on "pre-existing conditions" like with health insurance?**
    - Yes, but they don't word it as such. Dental insurance companies hide this clause with various verbiage, like **"waiting period"** or **"missing tooth clause."** A waiting period is defined as the amount of time after enrollment before certain treatment will be covered, often major treatment like fillings and crowns. A missing tooth clause means that they will not pay to replace a tooth if that tooth was missing prior to enrollment in their plan.
- **What if my question was not covered above?**
    - Call us at 317-844-0592! We are open M-Th 8am-5pm!