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Patient Insurance Information

In-Network

BCBS-TN
Cigna PPO
Delta Dental
Guardian
Metlife

All of our doctors are in-network with these insurance companies; however, we also accept out-of-network insurances. When you arrive for your appointment, we will verify dental coverage with your insurance carrier. **Your estimated patient portion must be paid at the time of service. The patient portion is always an estimate and not an exact amount.**

We file insurance as a courtesy to our patients. After 30 days, the patient is responsible for the entire balance to be paid-in-full.

Some dental insurance plans do not cover root canals. Some dental plans do not cover retreating an existing root canal and have a waiting period of 2-5 years from the time an initial root canal treatment was performed.

Frequently Asked Questions - Insurance and Payment Options

Will my dental insurance pay all of my root canal? No. There is a deductible, maximum benefits per year and a percentage of the fee that dental insurance will pay.

Do you file all dental insurance? We do accept most insurances except BCBS-Michigan and BCBS-Alabama. We will file most PPO primary insurances as a courtesy (example: BCBS-MI or Premera BCBS we will not file). We do not file HMO, medical or secondary insurances that are out-of-network carriers.

Do you accept payment plans? We have 3 forms of payment: 1) payment in full with a discount, 2) dividing the total fee into ½ paid the date of the procedure AND a form of payment left to pay the balance in 30 days or 3) Care Credit 3 or 6 months same-as-cash (\$1500 + 12 months same-as-cash). No other payment arrangements are available.

Why do you estimate the out-of-pocket portion instead of giving me an exact amount? Most insurance companies pay by UCR (usual, customary and reasonable) percentages. These percentages are based on calculations made for each different area of a city and are different for every insurance company. We are not given the allowed amount by the insurance company when we verify the coverage. The exact UCR is not known until the claim is processed therefore we have to estimate all out-of-pocket charges.

What happens if I pay more than necessary for my out-of-pocket? You will be receiving a refund check from us.

What happens if I do not pay enough for my out-of-pocket? You will be receiving a statement showing the balance due. This payment should be made upon receiving the invoice since most insurance companies take 3-4 weeks to pay the claim.

What credit cards do you accept? Visa, MasterCard, Discover and American Express

Do I have to have a pre-treatment estimate for a root canal? Most plans consider a root canal an emergency treatment and do not require a pre-treatment estimate. These estimates still do not guarantee that the benefits will be available for a root canal if other claims are received prior to the root canal claim being filed.

What is an EOB (Explanation of Benefits)? This is a statement you will receive from the dental insurance that details exactly how the claim was processed. The EOB identifies the benefits, the amount your insurance carrier is willing to pay and charges that are and are not covered by your plan for each procedure. The statement includes the following information: UCR, copayment amount/patient portion, remaining benefits, deductible and benefit paid.

What is a "UCR" and how is it determined? "UCR" is the term used by insurance companies to describe the amount they are willing to pay for a particular endodontic procedure. There is no standard fee or accepted method for determining the UCR and the UCR has no relationship to the fee charged by your endodontist.

The administrator of each dental benefit plan determines the fees that the plan will pay, often based on many factors including region of the country, number of procedures performed and cost of living.

Why was my benefit different from what I expected?

Your dental benefit may vary for a number of reasons, such as:

- You have already used some or all of the benefits available from your dental insurance.
- Your insurance plan paid only a percentage of the fee charged by your endodontist.
- The treatment you needed was not a covered benefit.
- You have not yet met your deductible.
- You have not reached the end of your plan's waiting period and are currently ineligible for coverage.