

# DENTAL INSURANCE FAQ

What is a “UCR” and how is it determined?

- UCR (Usual, Customary, and Reasonable) is the term used by insurance companies to describe the amount they are willing to pay for a particular procedure. There is no standard fee or accepted method for determining the UCR. The fee we charge has no relationship to the UCR. Your dental benefit plan administrator establishes the percentages that they will pay for each procedure. These decisions are often based on many factors: 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 our office.
- 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.

Why isn't the recommended treatment a covered benefit?

- Our doctors diagnose and provide treatment based on his or her professional judgment and not on the cost of that care. Some employers or insurance plans exclude coverage for necessary treatment as a way to reduce their costs. Your plan may not include this particular treatment or procedure, although our office deemed the treatment necessary.

How do I know what my payment portion will be if my insurance does not cover the entire fee?

- Prior to treatment, our office will check your benefits and give you an estimate of what your out-of-pocket cost is going to be. Your payment portion will vary according to the UCR of your plan, your maximum allowable benefit and other factors.

How do I understand my Explanation of Benefits (EOB)?

- Your Explanation of Benefits (EOB) identifies the benefits, the percentage your insurance carrier is willing to pay and charges procedures that are and are not covered by your plan. These statements include the following figures: UCR/percent coverage, copayment amount/patient portion, remaining benefits, deductible and benefit paid.

How long does it take for a claim to be paid?

- The time for a dental insurance carrier to process an insurance claim varies. At least 38 states have enacted laws requiring dental insurance carriers to pay claims within a timely period (ranging generally from 15 to 60 days).

What if I still have questions?

- Our office will do our best to answer all of your insurance questions. Please keep in mind that there are many insurance plans available and that your employer chooses your plan and your benefits. If you believe your benefits are inadequate, you may want to discuss the matter with your plan administrator and explore appropriate alternatives.