

DENTAL INSURANCE TERMS

Assignment of benefits:

Authorization from the patient to the insurance carrier to forward payment directly to the endodontist for treatment provided.

Claim:

A statement sent to an insurance carrier that lists the date of service and performed procedures with associated costs. It serves as the basis for insurance to provide payment of benefits.

Contract:

An agreement between your employer and your insurance carrier that typically describes the benefits of your dental plan.

Copayment:

A fee that your insurance plan may require you to pay in order to receive a specific dental procedure.

Coverage:

The benefits available to you under your insurance plan.

Customary fee:

The fees your insurance carrier will pay for the specific procedure performed as opposed to the actual fees submitted for a specific endodontic procedure to establish the maximum benefit payable for that specific procedure.

Deductible:

The amount you are responsible to pay before your insurance carrier starts paying for covered services.

EOB (Explanation of Benefits):

Identifies your benefits, the percentage your insurance carrier is willing to pay, and procedures that are and are not covered by your plan.

Participating provider:

An endodontist who signs a contractual agreement with the dental insurance carrier to provide care to eligible members.

Patient portion:

The dollar amount that you will be responsible to pay if your insurance payment does not cover the entire fee.

Preauthorization:

A statement from your insurance company indicating whether the required endodontic treatment will be covered under the terms of your plan.

Predetermination:

An administrative procedure that requires your endodontist to submit a treatment plan to your insurance carrier for approval before treatment begins.

UCR (Usual, Customary and Reasonable):

A term used by insurance companies to describe the amount they are willing to pay for a particular procedure.