

Consumer

How to CHOOSE A DENTIST

– *What is dental insurance and how does it work?*

Important Points...

- Check the dentist's good standing with local, state and national dental associations & dental boards.
- On-time offices value the patients time as much as they value their own. Know that low cost clinics may double book appointments to help defray cancellation rates.
- Consider office location and convenience.
- State of the art equipment, although it might increase basic costs slightly, is a good sign of a conscientious dentist office.
- Determine the dentist/staff's ability to show examples of quality dentistry or satisfied patients.
- Seek referrals from other friends/patients who have had good experiences.
- All quality medical care offices have a courteous and knowledgeable staff.
- Check out the office insurance participation and or if financing is available.
- All dentistry should meet or exceed American Dental Assoc. standards of care.
- Cleanliness is a good sign of a well managed and safe office.

Dental insurance is a highly complex area that creates confusion for many dental patients. The complexities of dental insurance and the lack of sufficient information provided by some insurance companies make it almost impossible for some patients to properly understand their benefits. Even more confusing is understanding how to properly work with your dental insurance company to achieve the highest level of benefits to which you are entitled.

Dental insurance is a contract between your employer and a dental insurance company. The benefits that you will receive are based on the terms of the contract that were negotiated between your employer and the dental insurance company and not your dental office. The goal of most dental insurance policies is to provide only basic care for specific dental services. The services selected are based on the cost of the policy to your employer and the negotiated arrangements with the dental insurance company.

Because the benefits you currently have are decided between your employer and the insurance company, many services are not covered. The selection of non-covered services is not based on what you need or want, but is based strictly on the contract with the insurance company.

The reimbursement mechanism from your dental insurance company is merely a mathematical formula as to which benefits you will receive and the percentage of the dentist's office fee that will be paid. We do not want to compromise your care based on restraints placed by an insurance company.

Another fact that most dental patients do not realize is that each dental insurance plan has a dollar amount limitation each year. Once this limit is reached, no other services will be covered by your dental insurance company regardless of how essential the service may be to your dental health.

Some services are typically not covered by dental insurance companies. These include: cosmetic dentistry, implants, occlusion or bite redesign and other services. Although these are important dental services that can greatly enhance the quality of life of patients, dental insurance companies do not feel that they should have to pay for these services. That is why these services are rarely included in contracts with your employer.

*Another fact
that most dental
patients do not
realize is that
each dental
insurance plan has
a dollar amount
limitation each year.*

ARE YOU LOSING YOUR RIGHT TO CHOOSE?

Unfortunately, today many patients are *losing the right to choose their own dentist*. The reason is that their employers have opted for inexpensive dental plans that force patients to see certain dentists. For many people, the traditional relationship between dentist and patient has disappeared. Patients are forced to see dentists they do not know simply because they participate in a particular plan. This new system is known as "managed care."

Managed care essentially forces patients to see dentists who have agreed to accept lower fees in exchange for their services. It is changing the relationship between dentists and insurance companies. Instead of subsidizing the care of patients, dental insurance providers are now dictating who patients will see and what type of care they will receive. It is

not unusual for insurance company employees (non-dentists) to dictate the type of care that is acceptable for patients they don't even know.

It is true that managed care plans help reduce the cost of health insurance to employers. However, once in a plan, patients find that these managed care insurance plans severely limit their choice of dentists.

In a traditional dentist-patient relationship, a patient selects a dentist based on reputation and need. The patient is then treated by the dentist and makes a decision whether or not to stay with the practice. Typically, the practice handles the responsibility of submitting insurance forms to the insurance company and patients are responsible for the amount not covered by the insurer.

HOW MANAGED CARE WORKS

In a managed care system, the overall concern is for the bottom line. The insurance company contracts with certain dentists and closely controls the costs of the work these dentists perform. (Some managed care plans actually have *penalties* for dentists who refer patients to specialists or who perform too many procedures!)

The concept behind managed care is "cost containment." Certainly, by encouraging doctors to *not* perform costly procedures or to *not* refer patients to specialists, overall costs are reduced. However, the focus has shifted from the patient's well being to the bottom line, and patients lose the freedom to choose their dental care.

If you join a managed care plan, the dentist you are assigned or select from the plan's list will be your primary dentist. No matter what your dental problem may be at any given time, you will always have to see your primary care dentist before you visit a specialist. It is the responsibility of this primary dentist to determine *if* you require the services of a specialist, and even then, your insurance company may only allow you to see a specialist who is part of the plan. Once again this limits your freedom of choice and prevents you from seeking out the most qualified specialist for your situation.