

Patient Acknowledgement

Some Services May Not Be Covered By Your Dental Plan

Occasionally, patients in our office here at Minden Dental Clinic request procedures that are not covered by their dental plan. We are happy to provide these services, but want our patients to understand the financial implications.

For example, a patient may request a porcelain crown or filling but their dental plan only covers a metal crown or filling. The insurance company will calculate the benefit to you on the Explanation of Benefits (EOB) sheet, based upon a similar procedure covered by the plan, often referred as an “alternate benefit.” However, you received a procedure that was not covered by your dental plan. Therefore, we are allowed to bill you the difference between the benefit calculated on the EOB and our office fee for that procedure.

In 2012, the Legislature modified *Prohibited Acts for Fees charged for dental services* § 44-7,105, prohibiting an insurance company for attempting to limit the fee a dental office could charge a patient even though the dental plan did not cover a particular procedure sought by the patient.

You are not covered for any services that otherwise would qualify as Covered Service, but which your dental benefit plan does not reimburse to some extent. This may include services not reimbursed because of applicable deductibles, copayments, coinsurance, benefit maximums, waiting periods, alternate benefits and frequency limitations.

We would be happy to provide you the procedure that is covered by your dental plan. However, if you choose to receive a higher level procedure that is not covered by your plan, we will need to bill you for the difference between your plan benefit and our office fee.

We appreciate your understanding and acknowledgement of this situation.

Patient Signature

Date