

# How to handle the 'i' word

*without running off patients*

**That's a lot of money... I'll just do what my insurance pays.**

What if your plan doesn't cover things that are important to you?

Most patients have found that their dental plan is more of a 'rebate' or supplement, than actual insurance.

Would it be helpful if you could spread out your financial obligation in the event you want to accomplish something that your plan doesn't cover?

**Since Dr. is not on my dental plan, I'm going to change to someone 'in network'.**

Thank you so much for keeping us in the loop! We actually have a lot of patients that have your dental plan. Some didn't realize they could still be patients in our office. Other than going to a restricted doctor on your plan, what else is important to you when deciding where to have your dentistry?

**I just don't know if I can afford to come see you.**

Most patients have found that the difference in reimbursement isn't that significant. The good news is that you have the same maximum, whether you choose your own dentist, or go to a restricted doctor. What if we could help spread out your investment so that you don't have to pay your out-of-pocket costs all at once?

**Why can't you just change to an 'in-network' dentist?**

When Dr. was on the restricted list, he/she was being asked to sacrifice the standard of care and you deserve better!

## **My husband said that I need to find a dentist in network, so I need to cancel my appointment for tomorrow**

I know it can be confusing. Your dental plan profits more when you go to a restricted dentist, so they will always sway you in that direction.

Did you know you can remain a patient of ours and still maximize your dental plan?

## **Do you take Delta Dental?**

We have a lot of patients on that plan! We will do everything we can to maximize your plan, despite any restrictions or limitations.

## **Why aren't you on the list for my insurance?**

Our doctor was finding that the limitations of your plan restrict the time she can spend with you, as well as the quality of dentistry. She isn't willing to sacrifice either - you deserve better!

## **I received a letter from my insurance stating you are no longer in-network, and that I need to find a new dentist.**

That's absolutely not correct. We have several patients on your plan! Our doctor made the decision to change the relationship we have with your plan because they were asking us to downgrade our standard of care, and you deserve better!

## **Can you just send a pre-determination?**

We don't do many of those, but I'd be happy to get one out for you. The fee to submit a predetermination is \$150, and we'll apply that to your treatment when you begin. Can you tell me why you're wanting to send a pre-determination?

## **I called my insurance, and the fee they recognize for a crown is \$766. What are you adding to justify your fee of \$1500?**

I know insurance can be confusing - the interesting thing is that there is really no consistency with the allowable reimbursement for procedures from one dental plan to another. Most patients have found their dental plan to be more of a 'supplement' that may pay a portion of their dentistry.

Rather than downgrading dentistry to align with the restrictions and limitations of dental reimbursement plans, our doctor has made the decision to be an 'independent' provider. This means our patients continue to receive the standard of care they've been accustomed to, while still being able to use their dental plan.

We will always do our best to maximize whatever is allowable through your plan, in spite of their restrictions. It sounds like cost is a concern - would it be helpful if we could spread out your investment so that you don't have to pay it all at once? (third party financing)

## **What will my insurance cover?**

Good question – do you know what your maximum is for your plan?

It depends on the restrictions and limitations on the plan chosen by your employer.

I'm not sure, but I can promise you that we will work hard to maximize your plan.

What if we find out your insurance doesn't cover any of the treatment that you want to have completed – is this still what you'd like to do?

It sounds like cost is a factor for you – if we are able to help you with your out-of-pocket investment and make it comfortable, say a monthly payment, would that be helpful?

How important is your insurance in determining the type of treatment you'd like to have completed?

Most of our patients see their insurance as a good supplement, kind of a 'dental rebate' that will help you with a portion of the treatment you want to have completed – now let's figure out how we can work out the rest of the investment.

Great News! You have \$1000 max – that will help you with your investment.

A lot of our patients have found that their plan isn't up to date – if we find that your insurance won't cover some of the dentistry you want to have completed, how would you like to handle it?

**I don't know** (yes, you can really say this- why are we the expert when it comes to THEIR insurance?)

### **Can you call my insurance to find out what they'll pay?**

Other patients have found that it's difficult to get accurate information over the phone. When it comes to crowns (or whatever treatment they've chosen), patients have received anywhere from nothing, up to 40-50%. I can promise you that we will work hard to maximize your plan so that your benefit doesn't go to waste.