PORTER, MARTIN, SALMAN, PA
Oral & Maxillofacial Surgery

TO OUR PATIENTS…..

During the past decade, dental and medical benefit plans have become an integral part of health care planning for many families.

Dental/medical benefit plans are made available to employees or members, through companies, unions and associations and may vary considerably from one plan to the next.

The range of benefits depends solely on what the purchaser wishes to offer employees or members. Some plans may cover as little as 30% or as much as 100% of dental or surgical services, with most falling in the 50% to 89% range. Some plans exclude certain types of services, i.e., anesthesia, while other plans cover a full range of dental or surgical services. This wide range in insurance coverage is the reason we ask for a deposit on all services performed.

Some plans base the amount of benefits on a chart or schedule of fees arbitrarily developed by insurance companies. For this reason you may receive a lower percentage of reimbursement level indicated in your dental or surgical plan. For example, if your plan states that it will pay 80% of the cost of dental or surgical treatment, it means 80% of the fee arbitrarily determined by the insurance company, and not the actual fee charged by us.

As the number of patients covered by dental or surgical benefit plans has increased, certain assumptions have become evident and we would like to make the principle of our practice, as well as the type of service and care we provide our patients, very clear.

- Our fees are based on the overhead involved in our practice, the treatment plan and the time it takes us to provide you with the necessary dental/surgical care. We do not believe it is in either our best interests or in yours for us to compromise our recommended treatment in order to accommodate an insurance program's maximum benefits, that may be considerably less than optimal. However, we are more than happy to discuss a treatment plan's advantages with you thereby involving you, rather than your insurance company, in the decision making.

- The type of treatment you need and receive from us is based upon our professional judgment, and not on whether you are covered by a dental/surgical plan.

- As a courtesy to you, our staff will complete the dental/surgical portion of your claim form. To expedite processing, make sure that your part of the form is filled out completely and accurately.

- If you direct the insurance company to pay its share of the cost directly to our office, you will receive credit for this amount and be billed the balance. Upon receipt of the insurance payment, our staff will reconcile the amount and bill or refund any difference.

- If your dental/surgical benefit plan requires a "pre-determination" or "prior authorization" we will submit a treatment plan for review by your insurance carrier. However, please remember that the financial obligation for dental/surgical treatment is between you and this office. The insurance company is responsible to you and not this office.

- If you receive a communication from your insurance carrier suggesting our fees are over and above the usual and customary rate for the services provided to you, please do not accept this as true without first discussing the matter with us. The insurance carrier's fee data may be extremely out of date, or not take into consideration local factors pertaining to New Jersey in establishing its schedule.

- If, after our discussion, you believe that the dental benefits provided by your plan are inadequate, you may want to discuss the matter with your employer, union, or association, so that appropriate alternatives can be investigated.

We will help you in every way in filing your claims, handling insurances queries, processing follow-up, lost claims, etc. No question is too small for you to ask, whether it is about your treatment, benefit plan, or statement. Stop in or call any time you have a question. We are here to help you.

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And Staff

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