





## Information about Dental Benefits

Your dental benefit plan is a unique agreement between you and your employer. Coverage and limitations are based on the premiums you and your employer are paying for the benefits. It's important for you to know the details of your plan including the yearly renewal date, the yearly dollar maximum, the coverage percentages and any frequency limitations. Health and dental benefit plans are not intended to cover all of the cost of your dental treatment.

Our role is to provide you with the dental information you need to make an informed decision about the health of your teeth. We will provide a treatment plan and estimate of costs for all dental treatment that is recommended by our Dentists. This is to assist you in planning for the costs associated with the appointments. At your request, we can also submit a preauthorization on your behalf to determine the amount of coverage the insurance company intends to provide for major services. Our treatment recommendations are based on the dental treatment that you need, rather than on the limitations of your insurance coverage.

It's important to note that even with the benefit of insurance coverage, the responsibility for paying for all dental services ultimately rests with the patient. The purpose of dental benefits is to offset the cost of the treatment and to reduce the out of pocket expense. Knowing that dental benefits rarely pay 100% of the services provided, many of our patients prefer to pay for the appointment with their credit card and be reimbursed by the insurance company directly. Payments are received within two or three days, insurance benefits can be tracked online and there is an added benefit of rewards points on some credit cards.

The best insurance in preventing dental problems and pain is to commit to the schedule recommended by your Dentist for dental exams and dental hygiene treatment. We are privileged to provide your dental care and hope to exceed your expectations while improving dental health and wellness.

**Dr. Michael Trac    Dr. Zoe Shum**

**My signature indicates that I have read and understand the above information.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_