

Dear Valued Patient,

Thank you for inquiring about our VIP Insurance program. We are very pleased to offer you this additional service and convenience. You have received this package as either you or a family member has requested this information be sent to you. If you have not requested this package, please disregard.

In this package you have received the following:

1. A letter outlining the details of the program and instructions
2. Patient Information Worksheet to complete with your primary benefits insurer
3. Helpful Information about Insurance Benefits
4. Financial Responsibility and Assignments of Benefits Consent Form

If you have any questions or require additional information, please contact our office and one of our administrative personnel (Kasia, Peggy, Michelle or Lisa) will be happy to assist you. If you have changed your mind and do not wish to participate in the program, no worries, just disregard this package and we will continue to process your claims and payments as usual.

INSTRUCTIONS TO PROCEED:

1. Please read through all the information enclosed in this package before proceeding to make sure you agree with the terms and conditions of this program. If you do go to step 2 or contact our office if you have any questions or concerns.
2. Contact your insurance company and have your Policy and ID number ready. They will require this to login to your plan. In most cases, it must be the policy holder that contacts the insurance company due to privacy legislation. If we can be of any assistance, please let us know.
3. Complete the first column of the PATIENT INFORMATION WORKSHEET with your insurer. Be sure to ask all questions outlined on this form. We will be able to assist you better if we know this information. Complete the insurance information at the top of the page to ensure we have the correct policy information on file. If you have a policy booklet we ask that you bring that in as well.
4. Date and sign the column that you completed.
5. Read and complete in full the Financial and Assignments of Benefits Consent Form
6. Take a photocopy of all completed forms and keep for your records
7. Send or bring to the office all completed forms. Once received, we will enter the information into your file in our computer system and keep a copy of it in your chart (if the policy holder and not a patient, a copy will be placed in the chart of the dependants under the policy).
8. Once the information has been entered and verified, you and/or your dependants claims will be submitted to the insurance company under assignment and only the difference of fees not paid by your insurer will be collected on the day of service. If you have dual insurance, we will submit to the primary insurer only and give you a form to submit to your secondary insurer with your claim response. We will be happy to explain this process to you if you require assistance. In cases where we are unsure of your benefit amount, we will charge your credit card (on file) the difference when payment is received from the insurer. If your insurer does NOT cover part or all of a service, you will be responsible for the full outstanding balance on the day of service (see enclosed information for reasons why this may happen).

It is ***IMPORTANT*** to remember that your benefits are a contract between YOU and YOUR INSURER. When and if your benefits change, we (Willow Dental Associates) WILL NOT be contacted by your insurer to inform us of any changes to your plan due to the current privacy legislation. Therefore, it will be your responsibility to update and sign your patient insurance worksheet with the new information. We will be happy to assist you in obtaining and/or understanding this information.

Should you have any questions, concerns or feedback pertaining to our VIP Insurance program, please contact Lisa Duncan at 905-279-5050 or email her at lisa@willowdental.com

We look forward to years of continued service!

Drs and Team of Willow Dental Associates

PATIENT INSURANCE WORKSHEET

POLICY HOLDER INFORMATION:

Name	
Date of Birth	
Drivers License	
Certificate Number or Employee Number	
Name of Insurance Company	
Name of Employer	
Group or Policy Number	
Division Number	

PATIENTS WHO ARE DEPENDENTS COVERED UNDER POLICY:

NAME	DATE OF BIRTH (dd/mm/yyyy)	RELATIONSHIP

For dependent children over age 18, please indicate school

What to ask your dental insurance provider:

	DATE:	DATE:	DATE:
Coverage Year and Fee Schedule (calendar year or per 12 months?)			
Maximum Benefit amount \$			
Basic %			
Major % and limitations			
Endodontics %			
Oral Surgery %			
Implants covered?			
Orthodontics: Lifetime \$			
Exam codes:			
01103 Complete Exam (frequency)			
01204 Specific Exam (frequency)			
01202 Recall Exam (frequency)			
01205 Emergency Exam (frequency)			
Periodontal:			
11111-11117 Scaling units (how many)			
43421-43427 Root Planing units (how many)			
Radiographic:			
02601 Panoramic x-ray (frequency)			
02144 Bitewing x-rays(frequency)			
02102 Complete Series x-rays (frequency)			
12101 Fluoride Treatment(frequency)			
41301 Desensitization			
11101 Polishing (frequency)			
13211 Oral Hygiene Instruction (frequency)			
Deductible Family/Patient			
Estimate Required?			
Signature of policy holder			

Helpful Information about Insurance Benefits

What is the VIP Insurance Program

Our dental office bills directly to your insurance carrier and does not require you to pay upfront for the services your insurance covers, you only pay out of pocket the difference in your benefits or for services that your insurer does not cover at the time of your visit.

Direct Insurance Billing

At Willow Dental we are happy to offer our VIP Insurance Plan (direct insurance billing) to all our patients who:

- Have Confirmable Dental Insurance Coverage
- Have Dental Insurance Coverage with a Dental Carrier that Allows Direct Billing
- Are Able to Provide Our Office with Specific Insurance Details as Requested by One of Our Team Members

*If we are unable to confirm your dental coverage, or your insurance does not allow assignment of benefits we will **NOT** be able to direct bill for you, and you will have to pay for your services on the day of your appointment.*

Procedure Codes

The Ontario Dental Association has designated a specific procedure code to each individual dental service. Procedure codes are standard throughout Ontario; dental offices are not permitted to change or alter procedure codes.

Each procedure code has its own individual fee. Fees for procedure codes are not standard and a large variance exists across the province and country.

Fee Schedules

There are approximately 5000 different dental procedure codes. In order to keep track of all these procedure codes and fees, Fee Schedules are compiled. This is basically a list of all the procedure codes and their fees.

Because procedure codes are standard, all fee schedules will have the same procedure codes. However, the individual FEES attached to individual procedure codes ARE NOT STANDARD.

Dental Insurance Companies

Dental insurance companies are free to formulate their own fee schedules. They are not bound by any governing agency to maintain current or consistent fees. Dental insurance companies often use various different fee schedules for the different policies they manage.

Co-payment

Another factor that must be taken into consideration is the co-payment. Most insurance policies do not cover the full amount of dental fees. They will normally pay 80% for basic services and 50% for other, more major services. The 20% and 50% not covered is referred to as the co-payment. This co-payment amount is to be paid by the patient. Even if there is no co-payment (coverage is 100%) there may still be a portion not covered (that will have to be paid by the patient) because there may be a fee schedule difference.

Services Not Covered

Dental insurance policies do not cover all dental procedures. Most policies cover the majority of procedures (with co-payments and fee schedule differences) however sometimes some dental procedures are not covered at all. An example of procedures that aren't always covered are Night Guards, Sedation and Whitening. Also, sometimes even covered services won't be eligible for payment because of frequency or plan maximums.

Frequency Limitations

Dental services such as exams often have frequency limitations. This means that they are "covered" (with co-payments and fee schedule differences) but only once or twice a year.

Plan Maximums

Most insurance companies limit the total amount of coverage available by placing a dollar maximum on the total amount of funds they will pay out for each insured member. This is called the plan maximum. This is an important factor because even if you have “coverage” under your policy for dental treatment, if you have no available funds, your policy will not pay out.

Deductibles

Just like car insurance, some dental policies have deductibles. This is the amount that the dental policy will take off the first processed claim of each policy year for each covered person BEFORE they will make payment for services. If the total eligible claim is for \$100.00 and the deductible is \$25.00 the insurance company will make their payment based on \$75.00. Some insurance policies combine a deductible, a co-payment, and a lower fee schedule (which will result in a fee schedule difference) to limit the amount they will have to pay.

Service Dates

Dental offices are required by law to bill dental procedures on the date they were performed. At Willow Dental Associates, your dental services will be billed to your insurance company on the day the dental services were rendered. No exceptions. This means that even if dental work is pre-authorized, the insurance coverage must be in effect on the date of service.

Please note: If your dental procedure requires two or more appointments, your dental insurance must be in effect at the time of all the appointments. Our office will collect your portion of your services on your first appointment, however, the balance cannot be billed to the insurance company until the final appointment.

How Much Do I Pay?

The patient is required to pay all amounts not covered by their insurance company. This amount includes but is not limited to the fee schedule differences, the co-payment, the deductible and any amounts not covered due to frequency limitations and plan maximums.

What can the dental office do?

Due to privacy legislation limitations dental office staff are not usually permitted to contact insurance companies on behalf of patients to enquire as to their individual coverage, frequency limitations, etc. The dental office can send written estimates to determine specific coverage for individual services. However, the above limitations still apply even if procedures are pre-authorized.

What can I do?

We strongly urge that you as a patient seek to educate and inform yourself as to the specific dental insurance benefits available to you. Most companies have a call centre specifically designed to handle enquiries from patients and even online inquiries provided you have a login and password. Your insurer can help you with this.

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS CONSENT FORM

I. Payment Responsibility for services provided at Willow Dental Associates:

- A. I, as the responsible party, take full responsibility in consideration for the services and supplies provided by the dentist and/or hygienist at Willow Dental Associates
- B. All dental services furnished are charges directly to the patient or responsible party. My insurance coverage is a contract between me and my insurance company to help me meet dental expenses. It is not for Willow Dental Associates to provide services on the basis that my insurance company will always pay all charges, as coverage varies greatly between plans
- C. In order to participate in the VIP Insurance Program, I am responsible for providing Willow Dental Associates with a valid MasterCard or Visa card to have on file for any fees not covered by my insurance plan. I will be notified of ALL charges made to this card in advance. By signing the consent form I consent to outstanding balances not paid by the insurance company to be placed on this card within 30 days of the service date unless other financial arrangements have been made with Willow Dental Associates.
- D. It is my responsibility to provide all insurance coverage information to my dental provider, as well as to verify eligibility of coverage for services being rendered. If I do not, I will no longer be able to participate in the VIP insurance program.
- E. If I do not consent, or later revoke my consent to the release of my information to any insurer that I have identified, I will be responsible to pay all charges for the treatment and services received on the date of service.

II. Financial Agreements and Payment Plan Agreements:

- A. All financial agreements (assignment of benefits) and payment plan arrangements are on a limited basis. If the contract goes into default, Willow Dental Associates has the right to refer unpaid balances to a collection agency for recovery.

III. Assignment of Benefits:

- A. I hereby assign to Willow Dental Associates all of my rights and claims for reimbursements under any dental/medical insurance policy for which benefits may be available to pay Willow Dental Associates for the services provided to me or my dependants under the policy. I agree to cooperate and provide information as needed to establish my eligibility for such benefits.
- B. I have read and fully agree to each of the statements in this form and sign below as my free and voluntary act.

Policy Holder Signature

Date

Financial Responsible Party's Signature

Date

Patient Signature (if different from above and over 18 years of age)

Date

Credit Card:

MasterCard

Visa

Credit card number

_____/_____
Expiry date (MM/YY)

3 digit code

Signature