



**Dental Insurance
The Rules Have Changed**

**Thompson Okanagan
Dental Conference 2008**

Forms

**Assist with cooperation
often as a gentle
reminder**

Dental Insurance Information Required	
Patient and birthdate	_____
Insured person and birthdate	_____
Employer	_____
Employer's address and phone number	_____
Effective date of insurance coverage	_____
Insurance carrier	_____
Group / policy number	_____
ID / Employee / Cert number	_____
Dependent number	_____
Percentage of coverage	Basic _____ Major _____ Ortho _____
Deductible	_____
Annual financial limit	_____ calendar / rolling _____
Bill direct or reimbursement plan	_____
Employee signature required	_____
Dual coverage allowable	_____
Authorized employer signature required	_____
EDI / Itrans transmission possible	_____
Recall limit	_____
Scaling / root planning maximum	_____
Composite restoration on molar teeth	_____
Fissure sealants covered on children / adults	_____
Is this plan covered by current fee guide	_____
What is the re-submission time frame allowed	_____

Develop a Letter

- That informs your patients of the changes we experience continually regarding their dental plan

- The letter should include the signature of both the office and patient. It is then placed in the patients chart * reason

Insurance Letter Suggestions

- Dental benefits are changing rapidly with many reductions in your coverage
- Insurance companies do not inform the dental offices of changes to your policy
- Often, your dental benefits will not cover 100% of treatment
- We encourage our patients to talk to their insurance company regarding the coverage of their plan. This will avoid any disappointments regarding the decline in payment of treatment

Memo to the Patient *

Dr
Address.....

MEMO TO ALL OUR PATIENTS WITH DENTAL INSURANCE

As a service to our patients we want to continue to bill your insurance company, however, as a third party we are unable to acquire patients' personal information. Because of this we have had to incorporate an office policy where the patient must communicate personally with their insurance carrier regarding their coverage, including any limits and then relate the information to our office.

Any treatment that exceeds the limit of your individual plan will be your responsibility and billed directly to you.

Please sign and date where indicated below.

Date _____

Patient Signature

Office Signature

Additional Ways To Inform Patients

- **Mail-out**
- **Email news-letter**
- **Website**
- **Signage**

New Patients with Insurance

- When they call to make the appointment:
 - Ask if they have insurance
 - Inform them of your policy (patients are responsible for their insurance coverage)
 - Ask them to complete the insurance information form
 - *If they do not, they will pay up front for the first appointment*

Resubmission Form

I, Brenda Smith, hereby authorize my dentist, Dr. George Jones to resubmit on my behalf to my dental insurance company for dental treatment previously performed but not received by my carrier

Date: _____

Signature: _____



Financial Institutions
Commission

- **Office Hours**
8:30am to 4:30pm Monday to Friday except holidays.
- **Financial Institutions Commission**
Suite 1200 - 13450 102nd Avenue
Surrey BC, V3T 5X3
- **Complaints and Inquiries** 604 953-5200 **On-line**
Complaints: [Complaint Form](#) **Reception:** 604 953-5300 **Toll Free** : 866 206-3030 (outside local calling area within B.C.) **Fax:** 604 953-5301 **General**
Email: FICOM@ficombc.ca **Employment Applications:**
HR@ficombc.ca

Summary

- Staff meeting to talk about insurance issues
- Come to a decision
- Formulate a policy
- Everyone must be in agreement to support the policy
- Constantly strive to uphold and carry out the policies