

Janine Randazzo Dentistry

Dear Patient,

Due to the recent overhaul of the insurance industry, insurance companies are becoming trickier to work with. Insurance companies are looking for ways to reduce costs and below are just some of the policy limitations:

- waiting periods
- not covering for some routine services
- enforcing 6 months exactly between cleanings/checkups
- limiting time between radiographs to 2 years
- limiting annual benefit payment amounts
- no longer paying for any treatment other than cleanings

They also do not inform us when payments are made to other dentists in the same plan year; if you see another dentist for any reason, you must inform us or you may max out your benefits without us knowing until a claim is denied.

We make an effort to stay current on our patient's dental benefits, but with the multiple different plans, even within the same insurance company, and the yearly changes, it is impossible for us to know all the stipulations, exceptions, rules, and limitations of each person's dental insurance. The insurance plan is selected by the employer and the full details of the plan are available only to you, the subscriber, not the dentist. This further inhibits our ability to get all the details of your insurance. In addition, sometimes the insurance company will send you the insurance payment; if this occurs, you will be responsible for the full fee.

We always try to give our patients the cost of treatment before we begin and what we *think* your insurance will pay, however; if they don't pay for any reason we will help fight for payment but the total cost of treatment is the responsibility of the patient.

If you need help navigating your insurance policy, we are always here to assist you; however, we need you to be involved in knowing what the limitations are for your policy and helping us make sure you are following these limitations. We cannot take responsibility for knowing everyone's policy limitations. Please let us know if you have any questions.

Dr. Randazzo

I have received a copy of this notice.

Name _____ Signature _____ Date _____