Frequently Asked Questions on Dental Insurance

Do you take my insurance?

- If you have a PPO plan, then you should be allowed to pick your doctor, and your insurance should contribute to the cost of the appointment.
- We are happy to file the claim on your behalf.

Are you in network or out of network with my insurance?

- We can certainly look into that.
- If we are out of network, most insurance companies will still contribute towards the cost of the appointment if it's a PPO insurance plan.

Will the appointment be covered?

- We don't know how much your insurance will contribute. Most insurance plans today rarely cover the whole appointment.
- We can contact your insurance company to see if they can give us any information on what they may cover.

Doesn't "It's covered" mean I don't owe anything?

- No. "It's Covered" just means the insurance company may contribute something towards the cost.

Why is there a balance due?

- Dental plans cap their yearly payout at $1,000–$2,000, no matter what treatment is needed.
- Unlike medical insurance, dental "insurance" works more like a discount or a coupon rather than true coverage for major needs.

Should I choose an in-network office to save money?

- Please investigate this carefully.
- Most in-network offices have agreed to provide services for 50-60% off their normal fees, which means they must find a way to make up the difference. Often, they separately bill for items like anesthesia or infection control to make up the difference.
- Ultimately, many patients don't end up saving money going in-network because of these added fees.

If insurance won't cover a treatment, does my child really need it?

- Insurance companies aren't dentists — their coverage decisions are based on cost, not on your child's oral health needs.
- As board certified pediatric dental specialists, we make recommendations based on scientific evidence to help keep your child's mouth healthy and disease free.
- If you are healthy, you pay less in the long run. If you have disease, you pay a lot more for a cure.

Do you take DHMO/ EPPO plans?

- DHMO/EPPO plans have a list of dentists you are allowed to go to.
- We have many patients with DHMO/ EPPO plans who choose to come to our office and pay out of pocket because we are not restricted by their insurance's strict rules and restrictions on services patients can have.