# Larry Caldwell, D.D.S.

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Dear Parent,

We accept and file dental insurance as a courtesy to our patients. We try to know all aspects of your dental plan. Any treatment outline that we present to you is just an **ESTIMATE** and not a guarantee of benefits. When we call to verify benefits, the insurance company informs us that, "this is not a guarantee of benefits until they actually receive the claim and process it."

We file a pre-estimate to your insurance for some procedures such as orthodontic appliances, crowns, surgical procedures and large cases. We do not submit pre-estimates for every procedure but, at your request, we will gladly do so. It normally takes 3 to 4 weeks to receive an estimate back from an insurance company.

**In-Network versus Out-of-Network PPO Insurance**

When you have a PPO you can go Out-of-Network and the insurance will pay our office. What does this mean? In-Network means that we have a contract with your insurance company and we agree to accept their fees. Out-of-Network means we DO NOT have a contract with your insurance and we do not accept the fee that your insurance allows and you are responsible for the difference between our fee and the allowable fee from your insurance. We will not adjust off the difference between the two.

**HMO/DMO Insurance**

When you have an HMO/DMO, then you have to go to a doctor that accepts your insurance; you cannot go Out-of-Network. The only HMO/DMO that we are on is CIGNA (age limit is under 7 years).

It is very beneficial, as the insured, to know your dental plan.

**Common questions to Ask Your Insurance Company**

- What is the frequency of exams, cleanings and fluoride?
- Is there an age limit for fluoride treatments?
- Are sealants a covered benefit? If so, what is the age limit?
- Do I have orthodontic benefits?
- Do you have a waiting period with your insurance plan?

Most insurance companies will tell you how they will cover a procedure if you give them the ADA code, which is on the treatment outline.

SIGNATURE:_____ DATE:_____