

NOTICE TO ALL PATIENTS WHO HAVE DENTAL INSURANCE

ANY DENTAL PROCEDURE THAT YOUR INSURANCE CARRIER DEEMS A NON-COVERED EXPENSE WILL BE CHARGED AT OUR USUAL AND CUSTOMARY FEE, NOT THE FEE SCHEDULE OF THE INSURANCE CARRIER. THIS IS IN ACCORDANCE WITH FLORIDA STATUTE s.627.6474.

WE WILL PREDETERMINE YOUR INSURANCE BENEFITS, IF YOU WISH, TO VERIFY COVERED SERVICES.

The following is section 2 of Florida Statute S.627.6474, effective July 1, 2014:

“A contract between a health insurer and a dentist licensed under chapter 466 for the provision of services to an insured may not contain a provision that requires the dentist to provide services to the insured under such contract at a fee set by the health insurer unless such services are covered services under the applicable contract. As used in this paragraph, the term “covered services” means dental care services for which a reimbursement is available under the insured’s contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.”

What this means:

A participating dentist is obligated to accept the contracted fee with the insurer for covered services only. Non-covered services may be billed at usual and customary fees. The insured is still responsible for deductibles, co-payments, yearly or lifetime maximums, or other limitations.