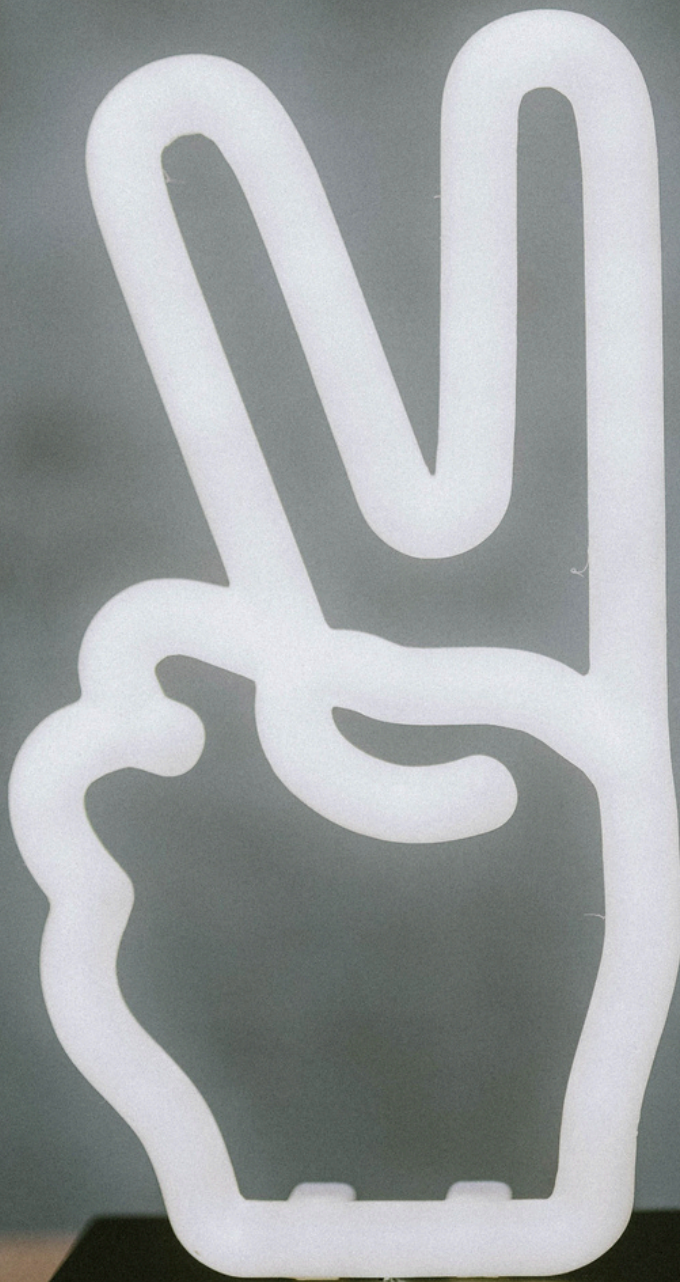


Orthodontic Insurance 101

AN IN-DEPTH
GUIDE TO HELP
YOU MASTER
INSURANCE

Sneak Peek



Orthodontic Insurance E-Book

Terminology Review

ASSIGNMENT OF BENEFITS:

How a member authorizes who the insurance should pay. If your office accepts assignment of benefits, payment will be issued to your office. If your office does not accept assignment of benefits, the insurance company will pay the subscriber.

CLAIM:

A form a dentist submits to an insurance company to get paid for services performed for a covered member.

CONTRACTED FEE/RATE:

The rate at which a dental office agrees to charge the patient based on the dental office's agreement with an insurance company.

BENEFIT YEAR:

A 12-month period that a member is covered within. Does not always have to be a calendar year (Jan-Dec).

DUAL COVERAGE:

A term used when a member is covered under two+ dental plans.

DEPENDENTS:

Those covered on the policy that are not the subscriber.

EFFECTIVE DATE:

The date of which the policy became active.

OPEN-ENROLLMENT:

The time of which a subscriber is able to enroll or make changes to their policy.

Terminology Pt. 2

SUBSCRIBER/MEMBER ID:

A unique ID number given to the subscriber of the policy. If the subscriber doesn't know or have their unique member ID number it's best to get the subscriber's social security number.

LIFETIME MAXIMUM:

A maximum amount given for a particular benefit. In orthodontics, this is generally the amount of funds an insurance will pay out for each individual patient per lifetime.

SHARED MAXIMUM:

A maximum that is shared between multiple professions.

GROUP NAME/NUMBER:

Oftentimes the group name is the name of employer. The group ID is the unique ID number associated with the employer's plan

TOTAL CASE FEE (TCF):

The total fee for treatment

PAYER ID:

A unique ID given to an insurance company so the office is able to submit electronic claims.

USUAL, CUSTOMARY, REASONABLE (UCR):

A set amount allowed by the insurance company that they deem "standard" based on professional, geographical, etc

CO-INSURANCE:

The percentage amount that the benefit is covered at up to the lifetime maximum.

EXPLANATION OF BENEFITS (EOB):

A document from the insurance company that explains their response to a filed claim.

Terminology Pt. 3

AGE LIMIT:

A limitation on a patient's age for the insurance to pay out.

DEDUCTIBLE:

An amount that a subscriber must pay before the insurance company pays on the claim.

WAITING PERIOD:

The amount of time a patient must be active on a policy prior to being able to collect on the insurance benefit.

RELATED PROCEDURES:

Any additional procedures that might be needed in order to successfully complete orthodontic treatment. i.e.; orthographic surgery, etc.

COORDINATION OF BENEFITS:

How a policy coordinates with another insurance policy.

PRE DETERMINATION

A claim form that is submitted, prior to the patient starting treatment to determine how much the insurance may pay out.

BIRTHDAY RULE:

A standard rule that most insurance companies follow to determine primary vs. secondary.

WORK IN PROGRESS

A term used when a patient enrolls on a new insurance policy after beginning orthodontic treatment.

ASSIGNMENT OF BENEFITS:

Who an insurance company will pay the benefit to.

