



Understanding Co-Payment & Billing

What is co-payment?

Co-payment — also called co-insurance — is the portion of the bill that is your own responsibility. It's the most common way for dental plans to limit their costs, thereby providing various plans with an assortment of benefits and price points for the purchaser to choose.

Some plans are also taking other approaches to limit plan spending: setting annual deductibles, capping the dollar amount, or limiting the number of visits covered within a year.

How much do I have to pay?

That depends on your plan.

Patients may be told that their plan covers 100% however insurers often have a maximum payable amount that may be lower than the actual dentist's fee for the services rendered. There are many variations; it is important that you check your specific plan before treatment and be prepared in advance.

What is Direct Billing?

Direct billing occurs when your Dental provider sends their bills directly to the insurance company for payment, rather than having the patient receive the bill and file a claim.

This eliminates the need for the patient to handle the initial interaction with the insurance company. However, it doesn't eliminate the need for a patient to pay costs that aren't covered by their insurance agreement.

Questions to ask your Insurance Provider in advance

It is strongly suggested that patients contact their dental insurer and ask these questions. This will give you more knowledge when making decisions about your treatment when at the dental office, as well as helping the dental team treatment plan what will work for you. Unfortunately, the majority of insurers do not allow anyone but the insured themselves to call and request any information on your plan.

- What is my benefit year? – Does it run annually or mid-year? Jan – Dec for example.
- Do I have a deductible?
- What is my maximum dollar amount for my benefit year? Does this include both minor and major procedures or do I have a separate maximum for both?



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- What is the percentage covered for my minor procedures?
- What are the percentages covered for my major procedures?
- What are my frequencies for my checkups and cleanings? Can I come every 6, 9 or 12 months?
- How many units of scaling (removing the plaque) do I have to use in my benefit year?
- Do I get fluoride? Is there an age restriction?
- Do I have any Orthodontic coverage?

Big Lake Dental does offer direct billing to primary insurance, predeterminations of treatment, and financial arrangements for those patients that may need it to complete major treatment.



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