



Insurance Overview and Acknowledgement

**Sky Dental participates (In-Network) with the following insurance companies:
Aetna, Assurant, Cigna, United Healthcare, and Delta Dental Premier**

Sky Dental Fees

Our fees are based on “Usual and Customary Rates” for our area, based on zip code. The Sky Dental fee schedule is designed to be in close agreement with the Fee Schedules by Insurance companies that also base their benefits on “Usual and Customary Rates”. This is advantageous to our patients, and ensures fair financial practices in general.

What does In-Network Mean?

“In-network” dental care providers have contracted with one or more insurance companies to accept certain negotiated (i.e. discounted) rates, also known as Allowable Rates.

In other words, instead of paying our standard Sky Dental fees, your insurance company will reimburse Sky Dental for a fraction of our fees (on average 40%) and we write off the remainder.

For Preventive and Diagnostic services covered at 100%, with no deductible due, this will usually mean that you will not have an out-of-pocket cost.

For services that are not covered at 100% by your insurance, such as crowns, you will be expected to pay your portion of the allowable fee. For example, if crowns are covered at 50%, and the Sky Dental fee for a crown is \$1122, but your insurance’s allowable fee is \$600, then you will be expected to pay Sky Dental \$300 – 50% of the allowable fee.

What if my Insurance is Out of Network?

If your insurance is not on the list of companies above, then your insurance is Out of Network; this means that Sky Dental does not have an agreement with your insurance company to accept lower rates for our services.

What does Out of Network Mean?

If you’re out of network, Sky Dental will file all paperwork to collect your insurance benefit, and you will be responsible for any amount that is not covered by your insurance.

As an example, if your insurance covers 100% of your preventive and diagnostic services, but the maximum allowable fee is lower than the Sky Dental fee, then you will be expected to pay the difference.



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If your “**Out-of-Network**” insurance bases coverage off of a FEE SCHEDULE, this means that they will pay the designated percentage of coverage for any given service up to the Fee that THEY ALLOW. The fees “Allowed” by plans using a fee schedule are usually much lower than the actual fees at our office or many other offices in the area. You should expect to have an out-of-pocket cost (sometimes a sizable one) if you have an Insurance that pays off of a Fee Schedule.

Insurance Downgrades

Some insurance companies stipulate downgrades for certain procedures. For example, if you need a crown or filling on a back tooth, some insurance companies will only cover a stainless steel crown or a silver/amalgam filling, not the white, porcelain crowns or tooth colored filling that our office does and which almost all patients want.

This downgrade applies to both in-network and out of network insurance programs.

We understand that insurance is complicated to grasp for some of our patients, and we are willing and ready to explain your benefits based on your situation and coverage. As an added courtesy, we take great care to help you with YOUR insurance plan by checking on your insurance coverage and submitting your benefits on your behalf. You are still responsible for understanding and knowing your benefits. If in doubt, we encourage you to contact your insurance company.

I acknowledge that I have read and understand insurance coverage and the impact of in-network vs. out-of-network costs on my out of pocket expenses. I also understand that while Sky Dental will file all necessary insurance claims on my behalf, it is ultimately my responsibility to ensure that my portion of any due fees is paid in full for services rendered by Sky Dental.

(First and Last Name)

(Date)