

ORAL APPLIANCE THERAPY INSURANCE TIPS

We have tried to collect suggestions that can help you speed-up the process of insurance reimbursement. We have left blank lines for information that you can add, and this information can be a reference for you. THE MOST BENEFICIAL THING YOU CAN DO IS TO BE FAMILIAR WITH YOUR POLICY.

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State License no.: 4163 (VA)

INSURANCE CO.: *(yours)* _____
ADDRESS: _____
PHONE NUMBER: (_____) _____
FAX NUMBER: (_____) _____
CONTACT: *(first and last name)* _____
ID/POLICY NO.: _____
GROUP NO.: _____

EMPLOYER: *(the one providing coverage)* _____
ADDRESS: _____
PHONE NUMBER: (_____) _____
FAX NUMBER: (_____) _____
YOUR SSN: _____ - _____ - _____
SSN: _____ - _____ - _____
(person whose policy you are covered under)

QUESTIONS TO ASK: (call your insurance company, or check in your policy booklet)

1. What form(s) is required? Most times our universal computer statement is accepted (it was designed to be). Occasionally, a particular company will require that its own form be used, and many times you will only have to attach our form to it.

UNIVERSAL COMPANY FORM ONLY ATTACH TO COMPANY FORM

2. What part of your form do you have to fill out?

3. Does your company require the dentist's signature? **Y N**

4. If x-rays are required, what kind of x-ray(s):
PANORAMIC CEPHALOMETRIC (OPEN/CLOSED) TMJ OTHER

5. Does your company require:
Written diagnosis _____
Narrative report _____
Sleep study _____

SLEEP SPECIALIST (SS) DENTIST (D) BOTH (B) NEITHER (N)

6. If your company requires pre-estimates (also called predetermination), when does this apply?

<p>WARNING: If your policy <u>requires</u> a predetermination for specific procedures, then you could be denied coverage if it is not obtained.</p>
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7. If you have a deductible, what procedure(s) does it apply to:

how much is your deductible: _____

8.What is your maximum annual coverage? _____

9.Most insurance companies operate on the calendar year for calculating coverage, deductibles, maximum expenditures. What is your company's insurance year for your policy? (EXACT DATES)

10.If your insurance coverage is new, when does it take effect:

11.What is your company's distinction between their accepted fee and our fee? (Many times your coverage is based on a percentage of their fee which may not be our fee):

COVERAGE BASED ON OUR FEE COVERAGE BASED ON THEIR FEE

If you require additional information to provide for insurance, we will try our best to provide you with the appropriate material. If it is required prior to a particular treatment, please let us know, so that we can help you in a timely manner. Additional information can often include:

Narrative reports

X-rays

If you have claims that are rejected, call and discuss this with your claims agent, sometimes they could be referring to the incorrect code(s), or have misinterpreted your information (compare our statement/codes with your company's statement/codes).

If you have disputes with your claims, or claims that are substantially delayed you can contact your state insurance commissioner's office. All insurance commissioners expect that you will have gone through the appeals process that your insurance company has designated with your policy.

To file a concern/complaint with insurance commissioners, it must be in writing. In addition, where you file it depends on: 1) where you live, 2) where the main policy was made, for example, if you belong to a large organization, and your home office is in Denver, then you would most likely file your concern with the Colorado insurance commissioner's office, and 3) if your organization is self-insured, then insurance concerns are generally not regulated by the state, but rather are federally regulated.

VIRGINIA

Bureau of Insurance
Box 1157
Richmond, VA 23209
Attn: Life and Health Department
800/552-7945 (for complaint forms)
804/786-3396 FAX

DC

Does not regulate dental insurance! Call the Mayor's office to register your concern, especially since there is no regulation.
202/939-8750 Office of Constituent Services

MARYLAND

Maryland Insurance Commissioner
501 St. Paul Place
Baltimore, MD 21202
Attn: Complaint Department, Life and Health
410/333-6300 voice
410/333-6650 FAX