Michael A. Shannon, D.D.S., M.S., Inc.
Pediatric Dentistry
mikeshannonkidsdds@yahoo.com

28261 Marguerite Pkwy, Suite 250
Mission Viejo, CA 92692
Phone: (949) 388-5437
Fax: (949) 388-5423

1031 Avenida Pico, Suite 202
San Clemente, CA 92673
Phone: (949) 481-8900
Fax: (949) 542-8897

Insurance Benefits Explanation

Your treatment plan will include a breakdown of all applicable fees, and we will inform you of all estimated costs before treatment is administered. Charges are payable at the time of treatment.

Please ask a member of our staff and we will review our payment options to accommodate your financial needs. We also offer financing through Care Credit.

Additionally, we will submit all PPO insurance claims for you. If we are not a provider within a certain insurance plan we are still happy to submit your claim as an out-of-network provider. We will fully attempt to help you receive full insurance benefits; however, you are personally responsible for your account, and we encourage you to contact us if your policy has not paid within 30 days.

We are in-network PPO providers for Ameritas, Guardian, and Principal, and Premier Providers for Delta Dental PPO.

We do accept all other PPO Plans as an out of network provider.

Please understand that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. **Although we are happy to assist you, please know that it is your responsibility to understand your policy**. We will assist you in estimating your portion of the cost of treatment, but we at no time guarantee what your insurance will or will not pay with each claim. Please keep in mind the following:

Fact 1 - BENEFITS ARE NOT DETERMINED BY OUR OFFICE
Insurance policies are contracts between the insurance company and you, or your employer. Our financial arrangements for dental services are made with you, not with your insurance company.

Fact 2 - NO INSURANCE PAYS 100% OF ALL PROCEDURES
Dental insurance is intended to be an aid in paying for dental care. Most dental plans pay between 50% - 80% of the total fee. This percentage is determined by how much you or your employer has paid for the coverage, or the type of contract set up with the insurance company. At times, you may be notified by your insurance company that its reimbursement rates are lower than our actual fees. Often, insurance companies will state that your reimbursement has been lowered because a dentist's fees exceed the "usual and customary rates" (UCR). This is misleading. There are hundreds of insurance companies that offer dental insurance, and each company sets its own schedule for what they consider allowable. These allowable rates vary greatly.

"Estimate of Benefits" (EOB) reports you may receive may imply that your dentist is charging higher fees for your area or "overcharging" rather than saying that they are "underpaying" or stating that your plan's benefits are lower than usual and customary.

Fact 3 - DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED
When estimating dental benefits you must consider deductibles and percentages. Most dental plans have an annual deductible for restorative procedures. For example, assume the fee for a certain service is $150 and the insurance company allows $150 as its "usual and customary" fee, we can figure out what benefits will be paid. First an annual deductible, on average $50, is subtracted, leaving $100. The plan then pays 80% of $100, or $80. Beginning with a fee of $150, the insurance company will pay an estimated $80, leaving $70 to be paid by the patient. Of course, if the UCR is less than our fee, the insurance benefit will also be less. We will collect your co-payment and any deductibles at your time of service.

Patient's Name: _____

Parent/Guardian Name: _____ Relationship to Patient: _____

Parent/Guardian Signature: _____ Date: _____