



Tooth Tips!

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Exclusively for Dental Health Services Enrollees

You made a dental check up or first appointment. What do you need to know?

If your appointment is a routine check-up, your dental history is known to both you and your dentist or hygienist. Health history and any changes to your health and medications will be reviewed, pending treatment and any new findings will be reviewed and discussed. Treatment plans may remain the same or may be altered based on any changes that may have happened in your mouth, gums and teeth from the last time you were seen by your dental provider.

If the appointment is an initial dental appointment, the examination and evaluation will be more thorough, including the need for appropriate number of diagnostic x-rays and a more detailed health history review.

Note: that conditions *do* change that may make treatment recommendations or modifications necessary between two routine check-up visits.

What you need to keep in mind is that you are entitled, and need to ask questions to make sure your dentist can explain everything to you clearly, especially all viable treatment options you may have--whether covered or not by your dental insurance. Typically, your dentist, and/or treatment coordinator, will present you with different treatment options based on your dental needs, necessity of care, insurance benefits, etc. There is always the option to *not* have any treatment (the negative effects of which will be discussed by your dentist). Generally speaking, your dentist should explain to you the pros and cons of each treatment option available to you, including the health benefits, prognosis and effectiveness, potential longevity, and, of course, fees associated with each option. You should sign the informed consent forms only when you and your dentist have come to a "meeting of the minds" over the chosen treatment plan.

Note: it may be necessary to alter a treatment plan during the course of a treatment if certain mitigating circumstances (for example a crack found) arise.

You have the right to refuse treatment. This refusal would be documented by the dental office as a refusal of recommended treatment, after any potential consequences have been discussed. A patient should not, however, dictate diagnosis, or how and what treatment should be provided. This generally leads to unsatisfactory outcomes. Conversely, a dental practitioner should not "force" a course of treatment on any patient.

What happens if you do not "agree" with the treatment plan?

As consumers, we are reliant on the expertise of those who provide us with the services we need, and are generally better off following their recommendations and advice. However, there are occasions where a particular recommendation--be it the extent of the procedure itself or the associated costs--may not be

easily acceptable. It is always prudent to resolve any questions regarding treatment and fees with your provider directly. This will re-enforce a good Doctor/Patient relationship.

You are entitled to a second opinion, however, if you are still in doubt about the extent of treatment recommended. For this, you may reach out to our dedicated Member Services Specialists and request a second opinion to be arranged (please refer to your Explanation of Coverage for details). Second opinions should be obtained before you start any treatment, so as to not only put your mind at ease that your treatment plan is to your best interest to follow, or, in rare occasions, help you avoid treatment that may not be your best option or may cost you less.

Note: Dentists do not all receive the same exact training, some may be more conservative, and some may be less conservative based on their training and practice philosophy and clinical experience.

You should expect to receive an estimate of cost of your treatment from your provider *prior* to undergoing any treatment. This should identify procedures with the accurate dental codes, and the corresponding co-payment amounts based on your individual Schedule of Plan Benefits. All financial questions should be directed initially to the provider's office. If there is a delay from the office in responding to your questions, if the responses are not sufficient in answering your questions, you may then reach out to our Member Services Specialists to help answer and clarify issues with you and your provider. Please be ready to provide the Specialist assisting you with copies of the treatment plan and financial estimates.

**Please Always Refer to Your Plan Benefits
and Evidence of Coverage**