

INFORMED CONSENT (HMO benefit plans)

Patient's name _____ Date _____

Health Maintenance Organization benefit plan limitations (HMO)

General: HMO dental benefit plans have more restrictions and limitations on the types of services covered, than from the conventional insurance that many dental patients are used to.

Least Expensive Option is "Covered Benefit": There are always alternative treatments available for any given dental condition. Seldom is the least expensive treatment the best alternative. Nonetheless, it is generally only the Least Expensive Professionally Acceptable Treatment (LEPAT) that is the "covered benefit" for HMO type benefit plans, no matter how few patients ever choose this alternative (or how few dentists would recommend it).

Diagnostic Procedures are generally a "covered benefit" at 100%.

Bite Corrections may be necessary before undertaking any other treatment, but they are NOT COVERED.

Crowns, Inlays, and Onlays are NOT COVERED where a tooth can be filled (no matter how unadvisable) instead, only the filling is "covered". The difference in fees is the patient's responsibility. Even where the crown is a "covered benefit" because a filling is impossible, the cheapest crown possible (made out of base metals with no porcelain on molars) is the "covered benefit". The difference in fees is the patient's responsibility.

Composite fillings are in many cases greatly superior to amalgam (silver/mercury) fillings, but **Amalgam** fillings are the only "covered benefit". The difference in fees is the patient's responsibility.

Fixed Bridges are often the best replacement for multiple missing teeth, but in many cases only **Partial Dentures** are a "covered benefit". The difference in fees is the patient's responsibility. Even where the bridge is covered, the cheapest bridge possible (made out of base metals with no porcelain on molars) is the "covered benefit". The difference in fees is the patient's responsibility.

Implants are now considered a routine and preferred treatment in many cases, but they are NOT COVERED.

Extraction of Wisdom Teeth is often an important part of overall good health, but is only a "covered benefit" when the tooth is causing problems that cannot be solved with antibiotics and pain medications. Even when extraction of wisdom teeth (or other teeth) are a "covered benefit", they are NOT COVERED at an oral surgeon's office (no matter how desirable that may be) unless certain strict criteria are met (relatively rare). Even when extraction is a "covered benefit" at an oral surgeon's office, general anesthesia is NOT COVERED.

Periodontal Maintenance: Although over 80% of adults have at least some periodontal disease, requiring prophylaxis (cleaning) an average of four times annually, only two such visit are a "covered benefit" each year. The other (two) visits are NOT COVERED and are the responsibility of the patient.

Wear and Tear, Abrasion, and Attrition causes many teeth to need restoration, but such restorations are NOT COVERED. Only restorations that replace tooth structure lost due to decay are a "covered benefit".

Collapsed Bite and Extensive Restoration: When back teeth are missing or worn, the bite can "overclose" causing strain on joints and trauma to teeth. Restoration procedures designed to restore this devastating problem are NOT COVERED, nor are any other complex (full mouth) restorative procedures.

Consequences of not performing procedures that are NOT COVERED: Your teeth **do not know or care** whether the treatment they need is a "covered benefit" or not. Failure to timely accept recommended treatment from your dentist can lead to pain, infection, tooth loss, expense, and medical risk.

HMO insurance plans are at times very confusing to all involved. Every reasonable effort will be made to ensure that your HMO dental benefits are completely explained, although it is not possible to guarantee perfect understanding or accuracy. By signing below, you acknowledge that you have received, read, and understood the information given above regarding the limitations of your HMO dental benefit plan, and that all of your questions have been answered fully.

Patient's signature / Date

Staff signature / Date