



Ask the Broker

Patients should have freedom of choice with *their* dental insurance

Most of you are aware of the insurance issues our profession is facing. The writing on the wall is there will be few insurance companies that will provide what most of us consider a “higher” fee schedule. About 50 years ago as a group we agreed to many concessions with these insurance companies for their promise to provide a “reasonable” or “higher” fee schedule. Now these companies are acting no differently than any “for profit” organization, promoting lower paying PPO plans and considering slashing the fee schedules of the higher plans.

As a group and an organized society, dentists have always been concerned about “anti-trust” suits while addressing these types of issues with insurance providers. If we attack this problem from a patient’s rights and patient’s freedom perspective, we will not need to worry about this “anti-trust” threat any longer. My theoretical “**Patient’s Freedom of Choice Dental Insurance Act**” would demand the following:

1. Patients are free to take their dental insurance plan or fee schedule to any provider they wish and the insurance company WILL pay the provider directly. The patient has the choice to make up the difference with the provider if the provider’s fee schedule is higher.
2. Dentists and patients are free to negotiate any fee schedule or payment arrangement directly with the provider. Dentists are no longer forced to collect pre-arranged payments under threat of “insurance fraud” if they choose not to collect the entire “co-pay”. (Of course, the insurance companies can continue to have arrangements with providers who agree to the fee schedule. In this case, patients can still get a list of providers who agree to the schedule.)
3. Remove the punitive language towards dentists in the insurance contracts.
4. Providers should have the freedom to charge whatever they desire and let the **patient** decide on the type of care the patient desires and who should deliver that care.

Insurance companies claim that costs will increase if patients have more freedom with their insurance plans and begin utilizing them more. I don’t believe that will happen and besides, whose side are we on anyway? Don’t we want patients to seek out care? I believe that under-utilization of dental insurance is still primarily due to patient’s fear of dentistry. The insurance companies limit their financial exposure two ways: (1) through the fee schedule, and (2) by imposing a maximum annual benefit per patient. They are covered on every angle. This maximum benefit has not kept up with inflation for more than 30 years. The entire annual allowance can almost be used by a single molar endo procedure! Instead insurance should be simply viewed as a sort of “medical savings account” that will help defray some of the costs of dental care.

These insurance companies can certainly cut costs by eliminating the ridiculous audit process and reducing the bureaucracy. Again, this theoretical “Patient Freedom of Choice Dental Act”, designed to encourage patient’s rights, would eliminate the necessity of the audits. This is about patient choice and restores the doctor/patient relationship.

Questions? E-mail wps@succeed.net



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