Dental Insurance Terms

Assignment of benefits: Authorization from the patient to the insurance carrier to forward payment directly to the endodontist for covered procedures.

Claim: Statement sent to an insurance carrier that lists the treatment performed, the date of that treatment and an itemization of associated costs. It serves as the basis for payment of benefits.

Contract: An agreement between your employer and your insurance carrier that typically describes the benefits of your dental plan.

Copayment: The part of the fee you owe the endodontist after your insurance carrier has paid its portion.

Coverage: The benefits available to you under your plan.

Customary fee: The fees your insurance carrier will pay for the specific procedure performed as opposed to the actual fees submitted for a specific endodontic procedure to establish the maximum benefit payable for that specific procedure.

Deductible: The amount you are responsible to pay before the insurance carrier will allow your benefit plan to pay the endodontist.

EOB: Identifies the benefits (the amount your insurance carrier is willing to pay) and charges covered and not covered by your plan.

Participating provider: An endodontist who signs a contractual agreement with the dental insurance carrier to provide care to eligible members.

Patient portion: The dollar amount that you will be responsible for paying if your insurance payment does not cover the entire fee.

Preauthorization: A statement from your insurance company indicating whether the required endodontic treatment will be covered under the terms of your plan.

Predetermination: An administrative procedure that requires your endodontist to submit a treatment plan to your insurance carrier for approval before treatment begins.

UCR: A term used by insurance companies to describe the amount they are willing to pay for a particular endodontic procedure.