

Every dental insurance company or dental benefit plan has a policy to coordinate the payment of dental care when a patient has coverage through more than one insurance carrier. The following questions will help your dentist to determine your primary insurer.

- ▶ Are you covered by more than one insurer or dental plan? Yes No

- ▶ What are the companies through whom you have coverage?

- ▶ If you are covered by more than one insurer or dental plan...

- ▶ Which coverage is primary (i.e., the plan that covers you other than as a dependent)?

- ▶ If you have two dental benefit plans that are primary (i.e., the both cover you as the primary policy holder), which plan has covered you the longest?

- ▶ If the patient is a dependent child and covered by the insurance plans of both parents, what are the birthdates of each parent?

Insured name: _____ Date of Birth: _____

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Note: Dental insurers consider the benefit plan of the parent with the earlier birthdate in the calendar year to be the primary insurer of children that are covered by the benefit plans of both parents.

- ▶ If the patient is a dependent child of parents that are separated or divorced, which parent, if either, has custody of the child?

Mother Father Other

Note: Coverage for the child provided under the dental plan of the parent with custody will be considered primary.

- ▶ Has the parent with custody remarried? Yes No

If yes, that parent's dental coverage will be primary; then the stepparent's dental coverage comes next; and finally, the dental coverage of the other parent, comes last – provided the child is covered by the stepparent's and the other parent's dental plan.

COORDINATION OF BENEFITS - PATIENT QUESTIONNAIRE

- ▶ If the parents of the minor child are divorced, is there a court order which directs which parent has financial responsibility for the child, regardless of whom has custody? Yes If yes, which parent? _____

- ▶ Does the patient have coverage under their current employment, and also coverage through a former employer (e.g., as a laid-off employee, or a retired employee)? Yes No

Note: The coverage through a patient's current employer is primary to coverage through a former employer.

- ▶ Does the patient have coverage under a right of continuation under a former plan? Yes No

Note: A patient's coverage through his or her current employer is primary to any active continuation of coverage that may also be in place.

- ▶ Who is your insurer for medical coverage? _____

Note: Some full-service medical plans cover certain dental procedures; if it cannot be determined which plan is primary for overlapping coverage, the medical plan is usually considered primary.

- ▶ Confirm with the patient employer if the patient's dental plan is self-funded, and subject to the requirements of the federal Employee Retirement Income Security Act (ERISA).

If a patient's secondary carrier is an ERISA plan, it will be exempt from a recent CDA-sponsored law which requires secondary payers to pay a portion of the remaining amount of the patient's bill. ERISA-regulated dental plans may contain a "non-duplication of benefits" clause which will exempt the plan from paying anything more than what the primary has already paid.

No dual coverage will pay more than 100-percent of the dental bill.

Plans which discount fees for dental procedures will not pay 100-percent of the dentist's charge.