



Kazemi

ORAL SURGERY & DENTAL IMPLANTS

Your Insurance Benefits For Oral Surgery With Us

A Patient Guide on Insurance Benefits for Teeth Extractions, Dental Implants, Bone Grafting, and Anesthesia at our Office

We are delighted that your dentist has referred you to us for your oral surgery needs. We understand that cost and insurance benefits are important factors in your decision to continue with the recommended treatment. At Kazemi Oral Surgery & Dental Implants, we have designed clear financial and payment guidelines to make your procedures possible while giving you peace of mind, knowing that there will be no surprises!

Why You Have Been Referred to Us?

The main reason you have been referred to us for your oral surgery is your dentist's total confidence in our ability to provide you with the best surgical and personal care you want.

Whether it is for wisdom teeth removal, teeth extractions, dental implants, bone grafting, biopsy, or other oral surgery procedures, your dentist trusts in our surgical skills and treatment approach. They know that we have nothing but five-star reviews from their patients who have been treated at our office, so they want you to have the same positive experience.

Using Your Insurance at Our Office

We do not participate with any insurance plans, however you have the **same benefits available whether you see an in-network or an out-of-network oral surgeon**. Most insurance provide 1000 to 1500 in annual dental benefits. Oral surgery procedures are considered basic services and are often covered at 80% of the usual, customary, and reasonable rates (UCR), after your deductible and up to your available limit.

Important Facts on In-Network VS. Out-of-Network PPO Insurance Benefits

- Our fees are equal to or lower than most insurances usual, customary, and reasonable rates (UCR). This means your out-of-pocket expense could be the same or even less at our office than at an in-network office.
- We offer a co-payment option similar to in-network practices resulting in many patients using this option.
- We submit insurance claims on your behalf and take care of all the necessary documentation to get the maximum benefits.
- There is no difference in maximum annual benefits, deductible and types of procedures covered by your insurance. There might be slight differences in percentage of coverage depending on the type of procedure.
- Dental implants and bone grafting procedures are often considered elective and not covered regardless of in-network or out-of-network status.



Insurance Claim & Payment Process

You receive a clear treatment plan that meets your needs.

We will obtain your insurance benefits. And, we can submit pre-determination forms to know your exact coverage.

Your co-payment is calculated based on your insurance deductible, usual & customary rates (UCR), and available funds based on your annual maximum benefit limit. This co-payment is due at the time of service.

Upon completion of the procedures, we will submit a claim to your insurance company and allow 60 days for processing. Once your insurance has submitted final payment to us, you will receive a refund if you overpaid or a statement showing any remaining balance due.

As an incentive, we offer a 5% discount off the total fees if you pay in full at the time of service. And, we will provide you with an insurance claim packet reimbursement to you.

WHY DO thousands of patients **with PPO insurance plans choose us** even though we are out-of-network?

- Treatments by an experienced board-certified oral and maxillofacial surgeon
- Remarkable results
- Easy and flexible scheduling
- No long waiting – Patients are seen within 3 minutes of their scheduled appointment
- Personable service by knowledgeable and caring doctor and staff
- Immediate availability and response
- Efficient treatments in fewer visits that saves you time
- 24-hour availability for emergencies and questions
- In-house prescriptions
- Clear instructions and communication during your entire treatment phase

Plus, the remarkable experiences that have earned us five-star reviews on every major social media site

Patient Insurance Benefit Examples (In-Network vs. Out-of-Network)

Patient	C.M.	J.D.	*
Insurance	AETNA*	Metlife	Cigna
Procedure	3rds	3rds (2)	3rds(1)
Out-of-Pocket(us)	\$588.20	\$333.00	\$108.00
Out-of-Pocket(in-network)	\$588.20	\$333.00	\$4.00
Out of Pocket Difference	\$0.00	\$0.00	\$104.00
Notes	*Aetna World Bank		*Based of fee schedule