Dentistry has been far more than a manner of financial livelihood for me. It has not only been my life’s work, but more importantly it has been my passion. Throughout my dental career I have pursued the highest level of preventive and treatment excellence to offer you, my patient. The following will spell out how a third party like dental insurance can muddle a relationship and stand in the way of the excellence that I want to provide for you.

Early on, like 99% of my colleagues, I signed on with dental insurance companies. It is done as a marketing move, in that the patient receives a list of dentists who are on their plan in their area. They call the dentist for an appointment with zero marketing cost for the dentist - or is that really the case? What the dentist really pays for in procuring these patients is a loss of his autonomy. Treatment decisions are based on the least costly treatments, with no preventive benefits and absolutely no regard for the difficulty and individual complexity of many dental procedures. They offer inadequate preventive benefits and, per their own acronym “LEAT,” offer only the Least Expensive Alternate Treatment. I decided a long time ago that I couldn't make those compromises and maintain my commitment to quality care.

The reason for my decision was that dentists such as myself who have continued their education well beyond the usual and customary, are restricted in performing many procedures that are outside the scope of the insurance company’s benefit limitations. Treatment that I knew was best for a particular situation was either disallowed or had few benefits towards it. In their own language, they define these limitations to be “usual and customary” procedures. Quite frankly, when just out of dental school most of the dental problems I saw were very similar and their solutions may have fallen within a usual and customary range of treatments. Now, with more than 4,000 hours of continuing education, I see things much differently and I find that excellence requires more unusual and custom treatment methods. Also, after I signed on, it didn’t take long for me to realize that insurance companies have no real interest in the health of my patients as evidenced by denial of benefits for some of the most important preventive and treatment services, limitations on many other procedures, as well as delayed payments.

I treat all my patients the way I would treat my family. The cost of delivering this level of care is much higher than that for delivering “generic” dental treatments applied without regard for the individuality of each patient. The greater percentage of every dollar spent at The Dental Wellness Center goes right back into maintaining this level of excellence -- from the laboratory that fabricates the dental restorations, incredibly well trained staff, the latest high-tech equipment, to the finest continuing education courses available in the world today. Insurance company fee schedules force the highly skilled dentist to make compromises in these areas and I will not compromise your treatment, in any manner.

Dentists make many choices of which the public is never aware. Critical decisions, for example the degree of quality in laboratory fabrications. (See A Word About Dental Laboratory Technology) Sure, if it’s a cosmetic treatment, you might notice some differences in quality. But most differences are subtle-- issues of fit (at the micron level), quality of materials (indistinguishable to the eye), and of the workmanship itself -- no issue until sometime later when it begins to fail. This level of laboratory quality can cost the highly trained dentist many times more than a “usual” dental laboratory.

It is very interesting to note that since dental insurance came on the scene in the early 70’s, the yearly maximum benefit allowance hasn’t changed a bit. It was $1,000 - $1,500 per/year then as it is today, not even beginning to keep up with the cost of living. (See Dental Insurance Misnomer) Although this practice has no formal association with any insurance companies, many plans do allow a patient to see a dentist of their choice outside of their plan. If you do have dental insurance, I don’t believe you could match the service you would receive from my team and me in assisting you to obtain your optimum benefits.