



## FDI POLICY STATEMENT (revision)

### Dental Practice and Third Parties

Revision submitted for adoption by the General Assembly:  
August 2017, Madrid, Spain

Original version reconfirmed by the FDI Dental Practice Committee:  
March 2008 in Ferney-Voltaire, France

Original version 'Relationship Between the Dental Profession and Third Party Carriers' adopted by the FDI General Assembly:  
October 1998, Barcelona, Spain

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### 2 CONTEXT

3 The aim of this Policy Statement is to review the current status and define the role of  
4 the Third Party and the principles through which it can support to the best possible oral  
5 healthcare and healthcare outcome for the patient without compromising the dentist's  
6 ethical obligations and patients' right to choose their treatment in consultation with the  
7 dentist of their choice.

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### 9 DEFINITION

10 **Third Party Payer (TPP):** Any organization, public or private, that pays or contributes  
11 for healthcare expenses, on behalf of beneficiaries, such as employers, commercial in-  
12 surance companies and public health funding mechanisms. These payments, called  
13 third-party payments, are distinguished by the separation between the individual receiv-  
14 ing the service (the first party), the dentist providing the service (the second party), and  
15 the organization paying for it (the third party)<sup>1</sup>.

16  
17 The conditions, rules and regulations governing the existence or non-existence of TPPs,  
18 as well as the way they operate, vary from country to country. It is important for TPPs to  
19 be appropriately involved in healthcare funding where they can provide a solid founda-  
20 tion for a safe and quality-oriented healthcare system without interfering with the den-  
21 tist's professional treatment decisions or the patient-dentist relationship.

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### 23 PRINCIPLES

- 24 • TPPs are a source of full or partial payment for dental treatments or dental non-  
25 clinical work rendered.
- 26 • Their financial involvement should support appropriate oral healthcare for the patient  
27 and evidence-based treatment decisions agreed upon by the dentist and the patient,  
28 rather than by benefit protocols, leading to a positive impact on the dentist-patient  
29 relationship.
- 30 • TPPs are responsible to provide clarity to patients as to the scope of coverage of their  
31 contracts and the terms attached to the provision of treatments covered.
- 32 • Patients should receive necessary treatments, and the plans should pay fairly and

33 promptly, to reduce or eliminate patient's out of pocket expenses. However, the pa-  
34 tient should remain responsible for the payment to the dentist if the TPPs fail to pay.

- 35 • Dentists contracted to a TPP as a "panel dentist" or a "non-panel" dentist should  
36 receive fair payment.

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## 38 **POLICY**

- 39 • The TPPs, public or private, should compensate fairly for treatment provided by the  
40 dentist, and be in the best interest of the patient.  
41 • The contracts between the TPPs and the panel dentist should be reviewable and  
42 adjustable on a regular basis agreed upon.  
43 • TPPs involvement in adjudicating claims should respect the treatment decisions  
44 made by both by the dentist and the patient, facilitate a positive dentist-patient rela-  
45 tionship and allow the patient to receive the best possible care in confidentiality and  
46 anonymity.

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## 48 **DISCLAIMER**

49 The information in this Policy Statement was based on the best scientific evidence avail-  
50 able at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-  
51 economic constraints.

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## 53 **KEYWORDS**

54 Healthcare funding, Dental practice, Third parties, Dental benefits, Compensation, Den-  
55 tal Plans

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## 57 **REFERENCES**

- 58 1. Definition from 'Health Law Resources', specifically 'Terminology, in FUNDAMENTALS OF HEALTH  
59 LAW 1, 42 (American Health Lawyers Association 5th ed., 2011).'