

Insurance Information



Date: _____

Location: _____

Patient Name: _____

Patient Account#: _____

If you have an insurance plan or union contract that pays part of your orthodontic fee, we will be happy to assist you in claiming your benefits. With increasing numbers of dental insurance programs, we find it impossible to have a complete and accurate knowledge about all of these programs and our individual patient's status with respect to her/his own program. To facilitate the processing of your claim we have adopted the following standardized procedures:

1. In order to process your insurance claim properly we need the following information. This may be obtained by contacting your insurance company or the personnel department where you are employed.

Insurance Company Name: _____ **Phone #:** _____

Insurance Company Address: _____

Subscriber Name: _____ **SubscriberID#:** _____

Subscriber Date of Birth: _____

Group Name and Number: _____ (name) _____ (#)

Effective Date _____ Lifetime Maximum \$ _____ Payable at _____ %

Check One: Pays: Monthly Quarterly Other Pays: Automatically As Billed

2. Once we have received your insurance information and plan benefits we will complete our portion of the claim form and submit it to your insurance company.
3. We base all insurance assignments plans on a co-payment of 50%. Any overage your insurance company may pay will be credited toward your account or refunded to you once the account is paid in full. The majority of insurance companies pay over the length of treatment. For your benefit we are billing the insurance company on a fee for service basis which may be different from your payment arrangements.
4. Your payment arrangements apply *regardless of insurance payment schedule and until the account is paid in full*. Some insurance companies do not pay promptly. We are willing to complete and file insurance forms at no additional cost, but we are unable to maintain accounts in arrears.
5. Your account must be paid in full prior to the braces being removed including any outstanding amounts owed/estimated from your insurance company.
6. Insurance policies and payment programs can be confusing so we require that patients contact their insurance company to confirm that their assumptions regarding coverage for orthodontic treatment are correct. Please request this information in writing from your insurance company. Patients must realize that professional services are rendered to a person, and not the insurance company. Therefore, insurance is not a guarantee of payment and must be the person's responsibility to ensure their insurance company is making payments timely and following up with the office. We cannot render services on the assumption that charges will be paid by an insurance company. However, we will help in any way we can.

Please feel free to ask us any questions which will help clarify these policies for you.

Responsible Party Printed Name

Signature of Responsible Party

Signature of Consultation Person

Date