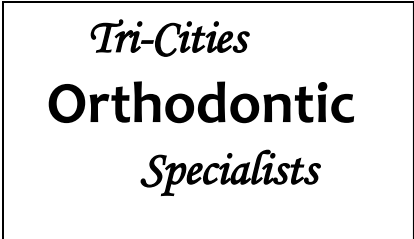


Insurance Information



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 his own program. Therefore, to facilitate processing your claim, we have adopted the following standardized procedures.

1. In order to process your insurance claim properly **WE NEED THE FOLLOWING INFORMATION FILLED OUT COMPLETELY. All information is required to receive an accurate estimate.** You may need to contact your insurance company or Human Resources where you are employed:

Lifetime Maximum: _____ **Payable at** _____ **% Effective Date** _____
(circle one) **Pays: Monthly / Quarterly** **Pays: Automatically / As Billed**
Insurance Name: _____ **Phone No.** _____
Insurance Address: _____ **Group / Policy No.** _____
Insured's Name: _____ **Address:** _____
Phone: _____ **SS#:** _____ **DOB:** _____
Employer: _____ **Relationship to Patient:** _____
Once you have this information, please return this form at your next appointment.

****If you have Secondary Dental Insurance please give us this same information on a separate form****

2. Any coverage your insurance company may pay will be credited toward paying your account or refunded to you **once the account is paid in full.**
*****Refunds are issued quarterly*****
The majority of insurance companies pay over the length of the treatment. For your benefit we are billing the insurance company on a fee for service basis. This may differ from the patients 'no down payment / monthly payment' plan.
3. The monthly payments will be reduced when your insurance company begins payment. **However, this monthly payment is due 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.
4. Insurance policies and payment programs can be a confusing process. We require that the patient 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. **Please realize that professional services are rendered to a person, not an insurance company.** The insurance company is responsible to the patient and the patient is responsible to us. We cannot render service based on the assumption that the charges will be paid by an insurance company. **However, we will help in any way we can.** Please feel free to ask any questions which will help clarify these policies for you.

I have read and understand the above policies and acknowledge my responsibilities.

Patient / Parent

Date

Business Assistant