

Tri - Cities
Orthodontic
 Specialists

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.*** This may be obtained by contacting your insurance company or the personnel department 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#: _____ Insurance ID# _____ 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. 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. ***Your 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 confusing; 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, not an insurance company. The insurance company is responsible to the patient and the patient is responsible to us. We cannot render services on the assumption that the charges will be paid by an insurance company.

Please feel free to ask the receptionist 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