

ORTHODONTIC INSURANCE INFORMATION

If you have orthodontic benefits we will help you with your insurance company to see that you receive proper benefits from them. We will assist you in preparing necessary forms to expedite your benefit claims.

Some dental insurance programs provide limited benefit coverage for orthodontics and others provide no orthodontic coverage.

Benefit Information

Patient's Name _____ DOB _____ Relationship to insured _____

Is patient a full time college student? _____ Name of College _____

Name of Insured _____

Insured DOB _____ Insured Social Security # _____

Employer _____ Group # _____

Insurance Company Name _____

Address of Insurance Company _____

Insurance Company Phone # _____

If patient has a second orthodontic benefit policy, please complete the following:

Name of Insured _____

Birthdate _____ Social Security # _____

Employer _____ Group # _____

Insurance Company Name _____

Address of Insurance Company _____

Insurance Company Phone # _____