



Insurance Questions Guideline

In order to assist our patients in determining what orthodontic benefits may be reimbursed, we have listed the following questions you may want to ask your insurance company or human resources benefits department.

1. Does my policy cover orthodontic treatment? Yes No

If Yes, continue with question 2.

If No, ask:

Does my policy cover diagnostic records, i.e., X-rays, photos, and molds taken by an orthodontic office? Yes No

(If both answers are "No," you will not need any insurance forms from our office; if "Yes" to records coverage, you will need an insurance form.)

2. Can I choose my orthodontist or do I have to go to an "in-network" doctor?
 doctor of my choice (continue with question 3)

must go to an in-network doctor (the rest of this questionnaire may not apply to your coverage)

(*PLEASE note: we ARE NOT in any insurance networks. You need "out-of-network" coverage to be reimbursed for any treatment performed here.)

3. Are there limits to my coverage? Yes No

(FYI- Limits to coverage are standard, nothing unusual.) What are the limits?

****PLEASE SAY THE FOLLOWING: "Please mark my claim as "BENEFITS ARE NOT ASSIGNED. I will be paying for this treatment and submitting the forms myself and need the benefits to be paid directly to me."**

(Thanks! This will save a lot of wasted time waiting for your Insurance checks. If they come here, we must BY LAW return them and you will have to wait for the insurance company to re-process your claim. Not fun.)

4. How are my benefits paid, over what time period, or at what intervals?

5. Do I need to submit a "continuation of treatment" form every month or can I simply submit the "statement of actual services" with the full treatment fee and estimated treatment time at the start of treatment?

Submit a "Cont. of Tx" monthly

One time submission of "Statement Actual Service"

Other process: