



Orthodontic Benefits Form

Orthodontic "insurance" is different than regular dental coverage. Typically orthodontic benefits are a lifetime maximum amount as part of your dental insurance plan. We have prepared this form for you to easily verify your coverage.

Name of Insurance Company: _____
Address: _____
State: _____ Zip: _____ Telephone: _____
Employer: _____ Employee: _____
Relationship to patient: _____ Employee date of birth: _____
Employee SS# or ID#: _____ Payer ID# _____
Group#: _____

Please be sure to call your dental insurance company prior to your scheduled appointment and gather the following information.

Do I have orthodontic coverage? YES NO
If YES continue with the following questions:

Lifetime Maximum? _____
Paid at what percentage? _____
Is there a deductible? _____
Is there a waiting period? _____
Is there an age limit? _____
Have I used any benefits? _____ How much? _____
Effective date of policy? _____
How are benefits paid? _____

Please record the name of the representative you speak with: _____
Date of your call: _____

NOTE: If your policy is one that combines orthodontic and general dental benefits please make sure you request how much benefit is paid per calendar year and how much has been used to date.