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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.