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## This form is for you to provide your Dental Insurance Information.

Orthodontic benefits are part of your Dental insurance plan. There is typically a lifetime maximum amount that is paid at a certain percentage of the total orthodontic treatment investment over the course of treatment and can only be used once in a lifetime.

***You must keep your insurance plan active throughout the course of the orthodontic treatment to ensure the full benefit is paid.***

Name of Insurance Company: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Insurance Company Telephone #: \_\_\_\_\_  
Employee: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employee date of birth: \_\_\_\_\_ Employee SS#: \_\_\_\_\_  
Subscriber ID# \_\_\_\_\_ Group#: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
Payer ID# \_\_\_\_\_ (sometimes found on the back of the card)

**IT IS IMPORTANT FOR YOU TO CALL YOUR INSURANCE COMPANY PRIOR TO YOUR APPOINTMENT AND ASK THE FOLLOWING QUESTIONS SO YOU KNOW YOUR BENEFITS!**

1. Is there orthodontic coverage? YES NO \*If YES continue with the following questions:
2. What is the Lifetime Maximum? \_\_\_\_\_
3. What percentage is it paid at? \_\_\_\_\_
4. Is there a deductible? \_\_\_\_\_
5. Is there a waiting period? \_\_\_\_\_
6. Is there an age limit? \_\_\_\_\_ If yes what is it? \_\_\_\_\_
7. Have I used any benefits? \_\_\_\_\_ If yes, how much remains? \_\_\_\_\_
8. Effective date of policy? \_\_\_\_\_
9. How are benefits paid? \_\_\_\_\_
10. Is work in progress covered? \_\_\_\_\_

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. This is not the norm with orthodontic coverage.