

Orthodontic Insurance Information

Our office is happy to assist in submitting your orthodontic insurance claims. However, this is a timely procedure. In order to ensure that your claims are submitted properly, we ask that you assist our staff by providing the following information. If you have more than one dental insurance plan, please include information for both. (Orthodontic coverage is most often separate from your DENTAL insurance plan).

ALL OF THE QUESTIONS MUST BE ANSWERED FOR THE INSURANCE COMPANY TO ACCEPT YOUR CLAIM. PLEASE USE THIS FORM TO ASSIST YOU.

Insured's Full Name:	
Insured's Date of Birth:	
Insured's SSN or ID #:	
Insured's Employer:	
Name of Dental Insurance Carrier:	
Mailing Address of Insurance Carrier:	
Phone of Insurance Carrier:	
Patient's Full Name:	
Patient's Date of Birth:	

Thank you for your help! This will help insure that your orthodontic claims are submitted properly and in a timely manner.