

IF YOU HAVE INSURANCE.....

PLEASE VERIFY YOUR ORTHODONTIC BENEFITS THROUGH YOUR INSURANCE COMPANY BEFORE YOUR CONSULTATION APPOINTMENT.

OUR OFFICE WILL FILE YOUR INSURANCE, BUT WE ARE NOT RESPONSIBLE FOR KEEPING THE ACCOUNT CURRENT. IT IS YOUR RESPONSIBILITY TO REMIND THE OFFICE TO FILE YOUR INSURANCE AT YOUR APPOINTMENTS.

PLEASE NOTIFY US OF ANY *CHANGES* YOU MAY HAVE WITH YOUR INSURANCE POLICY SUCH AS TERMINATION OR CHANGE OVER OF POLICY. IF YOUR COVERAGE TERMINATES, YOU WILL BE RESPONSIBLE FOR THE FULL REMAINING BALANCE. YOU'RE MONTHLY PAYMENTS WILL CHANGE AS WELL.

THANK YOU FOR YOUR COOPERATION,
Michelle Painton, Insurance Coordinator

PLEASE WRITE YOUR INSURANCE BENEFITS BELOW AND BRING THIS FORM WITH YOU TO YOUR CONSULTATION.

ORTHODONTIC LIFETIME MAXIMUM_____

PERCENTAGE (EXAMPLE 50%, 60%, 80%) _____

DEDUCTIBLE (IF ONE APPLIES) _____

****** PLEASE MAKE SURE YOU FILL IN ALL AREAS FOR INSURANCE INFORMATION ON YOUR NEW PATIENT FORM AS WELL...THANKS!!!**