

## Insurance Coverage Confirmation Form

Thank you for choosing DeLuke Orthodontics to provide your orthodontic care! We are happy to submit claims to your insurance company on your behalf. **To do so, ALL of the information below is required to process your claim efficiently. Please contact your insurance provider to obtain this information.** Since the insurance company corresponds directly with you, please bring all correspondence to the office so we may update our records and make changes as needed. It is also imperative that our staff be aware of any and all changes that may occur regarding your insurance so we may submit your claims in a timely manner. Thank you again.

### Subscriber Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Employer: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

### Dependent Information:

Dependent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Insurance Company Information:

Insurance Company Name: \_\_\_\_\_  
Insurance Company's **Complete** Mailing Address: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_  
Does the company use group names or numbers? If so, what is the group name or number? \_\_\_\_\_  
Insurance ID # or policy number: \_\_\_\_\_

### Benefit/ Claim Specific Questions:

Does the insurance company require a pre-determination?  Yes  No  
Does the company accept electronic claims for orthodontics?  Yes  No  
Will your insurance company cover any portion of the orthodontic workup?  Yes  No  
If so, will the Consultation (D0160) be covered as well?  Yes  No  
What is your orthodontic benefit: \_\_\_\_\_  
Will your benefit be the same if the patient is treated by a 'non-participating' provider?  Yes  No  
Do you have a lifetime benefit?  No  Yes Amount:\$ \_\_\_\_\_  
What is the percent payable? \_\_\_\_\_  
Do you have a deductible if so, what is your deductible?  No  Yes Amount:\$ \_\_\_\_\_  
Has a portion of the benefit been used already, if so how much? \_\_\_\_\_  
Does the insurance company cover a portion of the down payment? If so, what portion do they cover? \_\_\_\_\_  
Will the insurance company pay you in full, if you pay the treatment in full?  Yes  No  
How often does the insurance company require claims be submitted?  
 Send initial claim, then rest of payments are sent without additional claim submission.  
 Send claims Monthly  Send claims Quarterly  
 Other: please explain: \_\_\_\_\_

**If you have Primary & Secondary Insurance: We will need copies of the Explanation of Benefits regarding any payment received from the primary insurance BEFORE we are able to submit to the Secondary. THANK YOU.**