

Insurance Confirmation Coverage Form

Thank you for choosing DeLuxe 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 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 (D9450) 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.