

## ORTHODONTIC INSURANCE INQUIRY QUESTIONNAIRE

If you are unsure of your coverage, please **contact your insurance carrier before your appointment** to inquire. In order to assist you in obtaining that information, we have provided you with the following document.

Please have the following information on hand when calling your insurance provider.

Policyholder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policyholder is the patient's: DAD  MOM  STEP-PARENT  SPOUSE  SELF  OTHER  \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

ID/Certificate #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Questions to ask:

Total Orthodontic Benefits: \$ \_\_\_\_\_ Reimbursement % \_\_\_\_\_

Is policy holder/member covered under this plan: \_\_\_\_\_

Is there an age limit on the policy? No  Yes  If yes, then coverage until age: \_\_\_\_\_

Is there a LIFETIME benefit  or a CALENDAR YEAR benefit  ? \_\_\_\_\_

If fee is paid in full will you reimburse in full? \_\_\_\_\_

Can pre-determination be sent with receipt if patient starts right away? \_\_\_\_\_

Can pre-determination be faxed? \_\_\_\_\_ If so, what is fax number? \_\_\_\_\_

What percentage of the total treatment fee can be used as a down payment? \_\_\_\_\_

Please note, we do not accept payment directly from insurance companies (ie: assignment). However, if you require assistance, we will be happy to help you in any way we can.