

IMPORTANT

Please take a few moments to complete this questionnaire. Your assistance will enable us to effectively collect orthodontic insurance benefits from your insurance carrier. You will need to contact your insurance company to confirm your benefits. We appreciate your time and effort in this matter.

Primary Carrier Information

<u>Subscriber Name:</u>	Insurance Name:
<u>Subscriber's Employer:</u>	
Subscriber address:	Insurance Address:
Subscriber date of birth:	Group #
Subscriber SS#:	Insurance phone #
1) Are orthodontic services a covered benefit?	
3) What is the maximum amount they will cover?	2) If so, at what percent?
5) Are dental and orthodontic benefits separate?	4) Is it a lifetime maximum or yearly?
7) Is there a waiting period to receive benefits?	6) Does this insurance require preauthorization for services?
9) Is there an orthodontic deductible?	8) If so, has it been met?
11) How are benefits paid out?	10) Is there an age limit for orthodontics?

Secondary Carrier Information

<u>Subscriber Name:</u>	Insurance Name:
<u>Subscriber's Employer:</u>	
Subscriber address:	Insurance Address:
Subscriber date of birth:	Group #
Subscriber SS#:	Insurance phone #
1) Are orthodontic services a covered benefit?	
3) What is the maximum amount they will cover?	2) If so, at what percent?
5) Are dental and orthodontic benefits separate?	4) Is it a lifetime maximum or yearly?
7) Is there a waiting period to receive benefits?	6) Does this insurance require preauthorization for services?
9) Is there an orthodontic deductible?	8) If so, has it been met?
11) How are benefits paid out?	10) Is there an age limit for orthodontics?