



Choice Orthodontics
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ORTHODONTIC INSURANCE POLICY

Our office is set up to utilize direct payments from insurance companies. This is done as a service to our patients and there is no charge for this service. However, it is important that you understand that orthodontic insurance policies are an arrangement between you and your insurance company. The patient or responsible party is solely responsible for treatment fees. We will assist you in filling out and filing all necessary insurance forms. You may choose to have the insurance assigned to our office or to receive the insurance payments yourself: however, all services are charged directly to the patient.

If you want insurance information at your consultation appointment, call your insurance company and get the following information.

Patient's Name: _____

Date you called your insurance company: _____

Name of the person who gave you information: _____

Does my policy cover orthodontic care? Yes No

If yes, are there limits to my coverage, and what are those limits? _____

What is my maximum coverage? _____ Annual or lifetime? _____

What percentage of my bills will my policy cover? _____ %

What is the deductible? _____

What is the effective date of my policy? _____

What is the address of the office where claims are to be sent?

Name of Company: _____

Address: _____

Phone #: _____

Group #: _____

Payor #: _____

Once your coverage is confirmed we will accept payment directly from the insurance company. If your insurance coverage or employment changes during treatment you will be responsible for the unpaid balance.

If you have any questions or problems, please direct them to the office staff.

Date Signature

If you do not have this information at the time of your consultation, we will give you an estimate based on our experience with your insurance company.