

Orthodontic Insurance Benefits

HESS ORTHODONTICS

Creating Florida's most beautiful smiles

ABOUT INSURANCE

Our team is committed to helping you receive your maximum insurance benefit. Orthodontics is covered at the discretion of your insurance company; some types of treatment may be excluded under your coverage. Usually, benefits start when initial appliances are placed and are paid during the course of the estimated treatment time, not in a single payment. Some companies cover diagnostic records only when treatment is started. Prior to treatment, a payment arrangement will be made with you which takes into account the amount expected to be received from your insurance company. If our coverage should change or be terminated, any balance in your insurance account would then become your responsibility. Should your employment end, benefits may end on your last work day.

The following could affect your coverage:

*Extractions for orthodontics are sometimes considered as part of your maximum orthodontic benefit.

*Under some provider plans, such as but not limited to Cigna HMO, Comprehensive ADP, Met Life and Signature Dental, orthodontic treatment is provided at a discount fee. If coverage under this type of plan terminates during orthodontic treatment, treatment fees for the remaining treatment would be charged at Hess Orthodontics' usual and customary rate.

*Verification of Treatment forms are sometimes required monthly, quarterly, or semiannually. You are responsible for signing and returning these forms to this office if you receive one from your insurance company.

*You must notify this office immediately if your insurance coverage changes so that appropriate paperwork can be filed and your benefits can continue without interruption.

We are here to help you. Please do not hesitate to call at any time with your insurance questions or concerns.

I have read and understand the above information. I certify that my insurance information is true and correct to the best of my knowledge.

I agree to notify you immediately of any change in my insurance coverage.

I understand that I am ultimately responsible for the entire treatment fee. I agree to pay Hess Orthodontics any amount not paid by the insurance company.

Patient Name: _____

Responsible Party: _____ Date: _____

Witness: _____ Date: _____