Orthodontic Insurance

PRIMARY 1st Insurance

Patients Name: _____ ***Patient's DOB:***_____/_____/_____

Insured's Name:_____ Relation: _____

Social Security Number: _____

Insured's Birth Date: _____/_____/_____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #:_____

Group # (Plan, Local or Policy #): _____Insured's ID:_____

Insured's Employer:_____

Office Use Only

Date Verified: _____ Ortho coverage: _____ Payer ID# _____ Effective Date: _____

Lifetime Max: _____ Benefits Used: _____Deductible: _____Waiting Period: _____Age Limit: _____

Adult/Spouse Coverage: _____ % Paid: _____Pd. How/When:_____

Secondary 2nd Insurance (if applicable)

Patients Name: _____ ***Patient's DOB:***_____/_____/_____

Insured's Name:_____ Relation: _____

Social Security Number: _____

Insured's Birth Date: _____/_____/_____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #:_____

Group # (Plan, Local or Policy #): _____Insured's ID:_____

Insured's Employer:_____

Office Use Only

Date Verified: _____ Ortho coverage: _____ Payer ID# _____ Effective Date: _____

Lifetime Max: _____ Benefits Used: _____Deductible: _____Waiting Period: _____Age Limit: _____

Adult/Spouse Coverage: _____ % Paid: _____Pd. How/When:_____

I certify that my Spouse or I am covered by the above stated Insurance co. and I agree to assign all orthodontic insurance payments due directly to Dr. Chris Megna. **I understand that Dr. Megna is coordinating and processing insurance payments as a courtesy to his patients, I also understand that I am responsible for any insurance payments not received or due to us, for any reason, *even human error*. Additionally, I understand I am responsible for paying any co-payment and/or deductible that my insurance does not cover.** I hereby authorize the dentist to release all information necessary to secure the payment of orthodontic benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

_____ _____

Insured's Signature **Date**