

DR. SCOTT RUNNELS ORTHODONTICS

Orthodontic Insurance Form

Insurance Terms Agreement

Our office is happy to cooperate with patients who are covered by orthodontic insurance. Dental insurance policies do not necessarily include benefits for orthodontic treatment and though we will be happy to check on your insurance benefits, we advise you to carefully review your policy benefits and be aware of any limitations that may apply. Please fill in the information below and a signature is required as indicated before we will process any claims on your behalf.

Be aware that insurance benefits are generally not paid in one payment but split, according to each policy's guidelines, into multiple payments spread throughout the length of orthodontic treatment. Should your insurance be cancelled at any point after treatment has been started, your insurance company will discontinue payment. **It will be your responsibility to pay any balance not covered by your orthodontic insurance benefits.**

I have read and fully understand and agree to the terms listed above:

Guardian/Patient Signature

Date

Insurance Information

Patient Name: _____ Patient Birthdate: _____

Primary Name: _____ Primary Birthdate: _____

Primary Social Security #: _____

Patient relationship to insured: Self Spouse Child Stepchild Other _____

Insurance Company: _____ Insurance Company Phone: _____

Insurance Company Address: _____

Group #: _____ Ortho Benefits?: Yes No

Lifetime Max: _____ Payable at: _____ % Max Age Limit: _____

Payment Type: Monthly Quarterly Other _____ Continuation Forms Needed?: Yes No

Assignment of Benefits

I authorize Dr. M Scott Runnels Orthodontics to release all necessary registration and treatment information to secure payment of benefits, as well as use this signature on all future insurance claim forms submitted on my behalf. Per my agreement by my signature below, I also authorize payment be directly paid to Dr. M Scott Runnels, DMD, PA.

Primary Signature

Date

