

Insurance Information

Insurance at an Orthodontist's office differs from insurance at a General Dentist's office in four ways:

- There are no dental codes for services provided by an Orthodontist
- Orthodontists cannot receive reimbursement from insurance companies
- Orthodontists cannot send claims electronically
- Orthodontists produce a *Standard Information Form* which your insurance carrier requires before reimbursing you

The Standard Information Form

The Standard Information Form only needs to be submitted ONCE – either ahead of or at the same time as your first receipt. If you are unsure of your orthodontic insurance, we recommend that you submit the form ahead of time. After receiving the form, your insurance carrier will send you back written confirmation of your orthodontic insurance. Please note that the Standard Information Form is the only form that Dr. Freeman or Dr. Caro or Dr. Lands will ever have to sign during treatment. To complete the form, simply fill out the box at the top right of the page that says “FOR SUBSCRIBER USE ONLY.”



How to Receive Reimbursement

1. If you haven't already done so, complete the Standard Information Form (as described above)
2. Fill out a Dental Claim Form which you can obtain online from your insurance carrier or from your employer. An example is on the back of this page.
 - a. In Part 1, complete the “Patient” box along with the information pertaining to your payment. Write down the date of payment (which is on your receipt) along with the description ORTHODONTICS.
 - b. Please note that you do not require Office Verification. The dentist section does not need to be filled out and you do not require a stamp.
 - c. Complete Part 2 and 3
3. Submit the 2 or 3 documents to your insurance carrier. If it is your first time submitting, remember that the Standard Information Form only needs to be submitted once. Your subsequent submissions will just include a receipt and a Dental Claim Form.

STANDARD INFORMATION FORM		PATIENT/SUBSCRIBER IDENTIFICATION																																									
<p>CERTIFIED/REGISTERED SPECIALIST IN ORTHODONTICS Approved by The Canadian Association of Orthodontists for use by CAG members</p>		<p>Insurance Carrier: Name: Address: Employer: GROUP POLICY: CERTIFICATE NO:</p>																																									
<p>NAME: Dr. Bruce Freeman ADDRESS: 1849 Yonge Street, Suite 908 ON CITY/PROV: Toronto, ON ON POSTAL CODE: M4S 1Y2 TELEPHONE: 416-787-3170 UIN: 061161850 E-MAIL: info@brucefreemanorthodontics.com</p>		<p>Date of Birth (mm/yyyy): 01-01-01 Relationship to Subscriber: Department No:</p>																																									
FOR SUBSCRIBER USE ONLY																																											
<p>PATIENT NAME: John Doe BRIEF DESCRIPTION OF ORTHODONTIC CONDITION: Class II Transitional Dentition;</p>																																											
<p>Starting Date of Active Treatment (mm/yyyy): FINANCIAL ARRANGEMENTS:</p>																																											
<table border="0"> <tr> <td colspan="4">Preparatory Procedures:</td> </tr> <tr> <td>Examination</td> <td>Date (mm/yyyy):</td> <td>06-15-14</td> <td>\$ 0</td> </tr> <tr> <td>Diagnostic Films</td> <td>Date (mm/yyyy):</td> <td></td> <td>\$ 0</td> </tr> <tr> <td>Operational Fee</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="4">Treatment Procedures:</td> </tr> <tr> <td>Initial Payment</td> <td>One Time Fee</td> <td></td> <td>\$ 1,200.00</td> </tr> <tr> <td>Balance paid in 15</td> <td>X Monthly or Quarterly treatments of \$ 15 Charges @ \$400.00</td> <td></td> <td>\$ 6,000.00</td> </tr> <tr> <td>Other Payment Plan</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>Retention Fee</td> <td></td> <td></td> <td>\$ 0</td> </tr> <tr> <td>Estimated Total Fee (if applicable)</td> <td></td> <td></td> <td>\$ 7,200.00</td> </tr> </table>				Preparatory Procedures:				Examination	Date (mm/yyyy):	06-15-14	\$ 0	Diagnostic Films	Date (mm/yyyy):		\$ 0	Operational Fee			\$	Treatment Procedures:				Initial Payment	One Time Fee		\$ 1,200.00	Balance paid in 15	X Monthly or Quarterly treatments of \$ 15 Charges @ \$400.00		\$ 6,000.00	Other Payment Plan			\$	Retention Fee			\$ 0	Estimated Total Fee (if applicable)			\$ 7,200.00
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<p>ADDITIONAL EXPLANATORY COMMENTS:</p>																																											
<p>Date (mm/yyyy): 06-15-14 The information on this form is valid for 3 months from above date.</p>		<p>SIGNATURE OF CERTIFIED/REGISTERED ORTHODONTIC SPECIALIST</p>																																									

Additional Information

- Keep a photocopy of all receipts submitted to your insurance carrier as any unpaid portion may be able to be claimed as a deduction on your Income Tax Return
- If you have dual insurance, the Standard Information Form needs to be submitted to both insurance carriers initially. Subsequent submissions need to be sent first to the policy holder with the birthday (month and day) that falls earlier in the calendar year.
- If you wish to pay in full, the process is different. Please consult with us.
- Consult with your insurance carrier to see if they allow for online reimbursement submissions.

