

## INSURANCE INFORMATION WORKSHEET

Questions to ask from your insurance company regarding reimbursement for orthodontic treatment.

Insurance Co: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's SS#: \_\_\_\_\_

Subscriber's Birth date: \_\_\_\_\_

Employer: \_\_\_\_\_

Group#: \_\_\_\_\_

### Ortho Benefits:

At what percentage of treatment does my insurance pay? \_\_\_\_\_%

What is my lifetime maximum benefit? \_\_\_\_\_ Lifetime max

Is there a deductible for my orthodontic treatment? \_\_\_\_\_ Deductible

Is coverage for employee? (Y/N) spouse? (Y/N) children? (Y/N)

Is there an age limit for dependants? (Y/N) If so, age limit \_\_\_\_\_

Does full time student status apply (Y/N)

How much insurance has been used from previous treatment? \_\_\_\_\_

How is insurance billed: (Monthly)? (Quarterly)?