PREMIERE DENTAL

Understanding Your Orthodontic Insurance

Verification:
It is important to understand that even with the verification of orthodontic insurance, the financial responsibility for treatment lies with you as the patient. Verification of insurance does not guarantee payment, and we can only provide you with a good faith estimate of your coverage.

Payments:
It is important to note that orthodontic benefits are rarely ever paid out upfront. Depending on your insurance company, payments will be spread out over the course of treatment in monthly, quarterly, or yearly installments. Therefore, coverage MUST remain active throughout the course of active treatment to receive the full benefit.

Starting Date:
The start date is the date that braces are placed, appliances are fitted for your teeth, or aligners are delivered. Your insurance will need this data to process the claim.

Loss of Coverage:
If for some reason there is a loss in coverage (job change or job loss are the most common reasons for this), Please be aware that any remaining from your insurance company that remains unpaid, will be transferred to your balance and become the billing parties' responsibility.

Work In Progress:
Please inform our office immediately of any new coverage so we can submit a claim in a timely manner. Please note not all plans cover work in progress.

If you lost or are considering canceling your orthodontic insurance:
We encourage you to call us to determine your outstanding insurance balance. Most orthodontic insurances make payments over the course of your total treatment, including throughout retention. *If you still have a balance when appliances are removed, and your insurance is terminated before fulfillment of the financial arrangement, you will be responsible for the remaining balance.

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FAQS:

What if I change my orthodontic insurance?

Please contact the office prior to any changes. Canceling or changing your policy will most likely lead to an unpaid balance for which you will be responsible.

Parent Guardian Signature: _____ Date: _____