

NOTICE TO OUR PATIENTS WITH ORTHODONTIC INSURANCE COVERAGE

1. Insurance benefits for orthodontic care may be paid to you, the subscriber, or directly to this office, with the amount being deducted from the account balance. **Your regular monthly payments must still be made.**
2. Insurance forms for reimbursement to the subscriber, can only be submitted if your payments to our office are up to date.
3. If you have any questions about your benefits, PLEASE CALL YOUR INSURER DIRECTLY. (We have no control over payment delays or changes)
4. Delays in payment by your insurance company or any changes in coverage benefits will not affect your total obligation to this office. Your regular monthly payments must still be made.
5. **Please do not request our staff to change any dates or fees on the insurance form — this is fraudulent!**
6. **IT IS THE RESPONSIBILITY OF THE INSURED TO PROVIDE THIS OFFICE WITH CURRENT CLAIM FORMS, WITH YOUR PORTION OF THE INFORMATION COMPLETELY FILLED OUT, WHEN THEY ARE TO BE SUBMITTED!**
7. We are a non-participating office. This would include any DMO's or network type insurance plans.
8. This office is **NOT** responsible for submitting flex-spending benefits. We will gladly provide receipts to aid you in this.
9. **If any changes are made in your insurance (carrier, address, etc.) it is the insured responsibility to notify the office and provide us with new claim forms.**