



Insurance Information

The estimated insurance benefit is given as a courtesy in making financial arrangements and is not a guarantee of payment. Orthodontic benefits are paid **over the course of treatment** and are subject to the terms and conditions when the services are rendered and submitted for payment. Please note that benefits may be different or reduced to zero due to circumstances, including but not limited to, the following.

- Patient is not eligible Contractual Age Limits
- Plan benefits are modified Prior claims or claims still in process
- Frequency limits Lifetime maximums were reached
- Member chooses different insurance at open enrollment
- The benefits of this plan are coordinated with the benefits of another plan
- Treatment begins during patient's waiting period exclusion or late entrant provision

You are responsible for knowing the specifics of your plan, including benefits, deductibles, co-pays, and any changes or insurance elections that may occur from benefit year to benefit year.

Flexible Spending / Medical Spending Accounts

Flex plans are designed to allow families to set aside pre-tax dollars to pay for out of pocket medical and dental expenses.

Flexible spending accounts can be very beneficial; however, they are strictly *regulated by the government*. The facts are:

- Funds are to be used for "out of pocket" expenses. If you have insurance coverage for treatment you must allow for what portion of the fee your insurance will cover.
- Plans contain a "use it or lose it" provision that requires workers to forfeit unused funds at the end of their benefit year.
- Payments made on account must be for services rendered. **Pre-payments for treatment not started are not eligible for reimbursement.**

When funding an account for treatment, we strongly recommend you contact your benefits administrator to clarify how your plan reimburses **specifically for orthodontia**. Some questions to keep in mind:

- Are there any stipulations for reimbursement of adult orthodontia?
- Does your plan allow reimbursement for payment in full?
- What documentation is required by your administrator for reimbursement? (i.e. financial agreement, paid receipt, monthly statement)
- Will your plan allow "recurring reimbursement" if provided with a copy of the financial agreement?
- If a financial agreement has been provided to your administrator, will payments that deviate from the agreement be eligible for reimbursement? (For example, if you have unspent dollars remaining from the current benefit year, can they be applied towards installments scheduled in the next benefit year?)
- Are the elected funds fully available at the start of the benefit year or only as they are contributed?

I have read the above and have had an opportunity to discuss this information with the financial coordinator and all questions have been answered to my satisfaction.

Date

Patient Name (please print)

Patient/Parent/LegalGuardian