



DATE: _____/_____/_____

PATIENT NAME: _____ DATE OF BIRTH: _____/_____/_____

INSURANCE INFORMATION

Do you have orthodontic coverage? Yes No

Policy Effective Date: _____/_____/_____

Name of Primary Insurance Company: _____
Insurance Claims Mailing Address: _____
Insurance Phone # for Providers: _____ Group # _____ ID # _____
Policyholder's Name: _____ Relationship to Patient: _____
Policyholder's Date of Birth: _____/_____/_____ Policyholder's SSN: _____
Policyholder's Address: _____
Policyholder's Employer: _____ Policyholder Phone # _____

Policy Effective Date: _____/_____/_____

Name of Secondary Insurance Company: _____
Insurance Claims Mailing Address: _____
Insurance Phone # for Providers: _____ Group # _____ ID # _____
Policyholder's Name: _____ Relationship to Patient: _____
Policyholder's Date of Birth: _____/_____/_____ Policyholder's SSN: _____
Policyholder's Address: _____
Policyholder's Employer: _____ Policyholder Phone # _____

Your orthodontic insurance claims are filed as a courtesy by our office. It is your responsibility to:

- **Personally confirm your orthodontic insurance benefits prior to treatment;**
- **Provide Birmingham Orthodontics with a copy of your current insurance card(s).**
- **Provide complete, accurate insurance information when treatment commences. If insurance claims filing information is incomplete, incorrect, or fails to process for any reason, your claims will not be filed by Birmingham Orthodontics.**

Birmingham Orthodontics is pleased to file insurance claims on your behalf and our goal is to help you receive all possible insurance benefits. Birmingham Orthodontics will not be responsible for non-payment of benefits. Your policy is a contract between the policyholder and the insurance company. If benefits are not paid, it is the responsibility of the policyholder to resolve coverage and claims issues directly with your insurance provider. We encourage you to contact us if your policy has not paid within 30 days of starting treatment.

RESPONSIBLE PARTY SIGNATURE

DATE