BIRMINGHAM ORTHODONTICS

MICHAEL F. MCCARTHY, DMD | ERIKA B. HARTMAN, DDS
CAREYBETH RIVERS, DMD, MS | KATELYN FEINBERG, DMD, MS
ANDREW HAVRON, DMD, MS

DATE: _________/_________/_________

PATIENT NAME: ____ **DATE OF BIRTH:** _________/_________/_________

INSURANCE INFORMATION

Do you have orthodontic coverage? O Yes O 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**