

Insurance Information

Location: _____

Patient Name

Patient Account#

Date

If you have an insurance plan or union contract that pays part of your orthodontic fee, we will be happy to assist you in claiming your benefits. With increasing numbers of dental insurance programs, we find it impossible to have a complete and accurate knowledge about all of these programs and our individual patient's status with respect to his/her own program. To facilitate the processing of your claim we have adopted the following standardized procedures:

1. In order to process your insurance claim properly we need the following information. This may be obtained by contacting your insurance company or the personnel department where you are employed.

Insurance Company Name _____ Phone # _____

Insurance Company Address _____

Subscriber Name _____ Subscriber ID# _____

Subscriber Date of Birth _____ Group Name and Number _____

Effective Date _____ Lifetime Maximum \$ _____ Payable at _____%

Check One: Pays: Monthly Quarterly Other Pays: Automatically As Billed

2. Once we have received your insurance information and plan benefits we will complete our portion of the claim form and submit it to your insurance company.
3. We base all insurance assignments plans on a co-payment of 50%. Any overage your insurance company may pay will be credited toward your account or refunded to you once the account is paid in full. The majority of insurance companies pay over the length of treatment. For your benefit we are billing the insurance company on a fee for service basis which may be different from your payment arrangements.
4. Your payment arrangements apply *regardless of insurance payment schedule and until the account is paid in full*. Some insurance companies do not pay promptly. We are willing to complete and file insurance forms at no additional cost, but we are unable to maintain accounts in arrears.
5. Your account must be paid in full prior to the braces being removed including any outstanding amounts owed/estimated from your insurance company.
6. Insurance policies and payment programs can be confusing so we require that patients contact their insurance company to confirm that their assumptions regarding coverage for orthodontic treatment are correct. Please request this information in writing from your insurance company. Patients must realize that professional services are rendered to a person, and not the insurance company. Therefore, insurance is not a guarantee of payment and must be the person's responsibility to ensure their insurance company is making payments timely and following up with the office. We cannot render services on the assumption that charges will be paid by an insurance company. However, we will help in any way we can.

Please feel free to ask us any questions which will help clarify these policies for you.

I have read and understand the above policies and acknowledge my responsibilities.

Signature of Responsible Party (attach copy of Insurance Card)

Responsible Party Printed Name

Date

Signature of Consultation Person

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
- B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

- 11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"