

INSURANCE INFORMATION

If you have an insurance plan that pays part of your orthodontic fee, we will be happy to assist you in claiming your benefits. With the 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 own program.

Therefore, to facilitate processing 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 company or the personnel department where you are employed.

Lifetime Maximum: _____ Payable at _____ % Effective Date _____

(Circle One) Pays: Monthly / Quarterly Pays: Automatically / As Billed

Insurance Name: _____

Address: _____

Phone: _____

Please have this form completed and bring it with you to the consultation appointment.

2. Most plans pay 50% upto a fixed lifetime maximum. This is usually paid over the length of the treatment. For your benefit we will bill the insurance company on a fee for service basis. This may differ from the patients no down payment / monthly payment plan.
3. We will deduct the lifetime maximum from the total contracted fee, divide the balance by the amount of the monthly payment, and that will be the number of payments you will make. The amount of your payment will not be reduced.
4. Insurance policies and payment programs can be confusing, we require that you contact your company to confirm that you do have orthodontic coverage. Patients must realize that professional services are rendered to a person, not an insurance company.

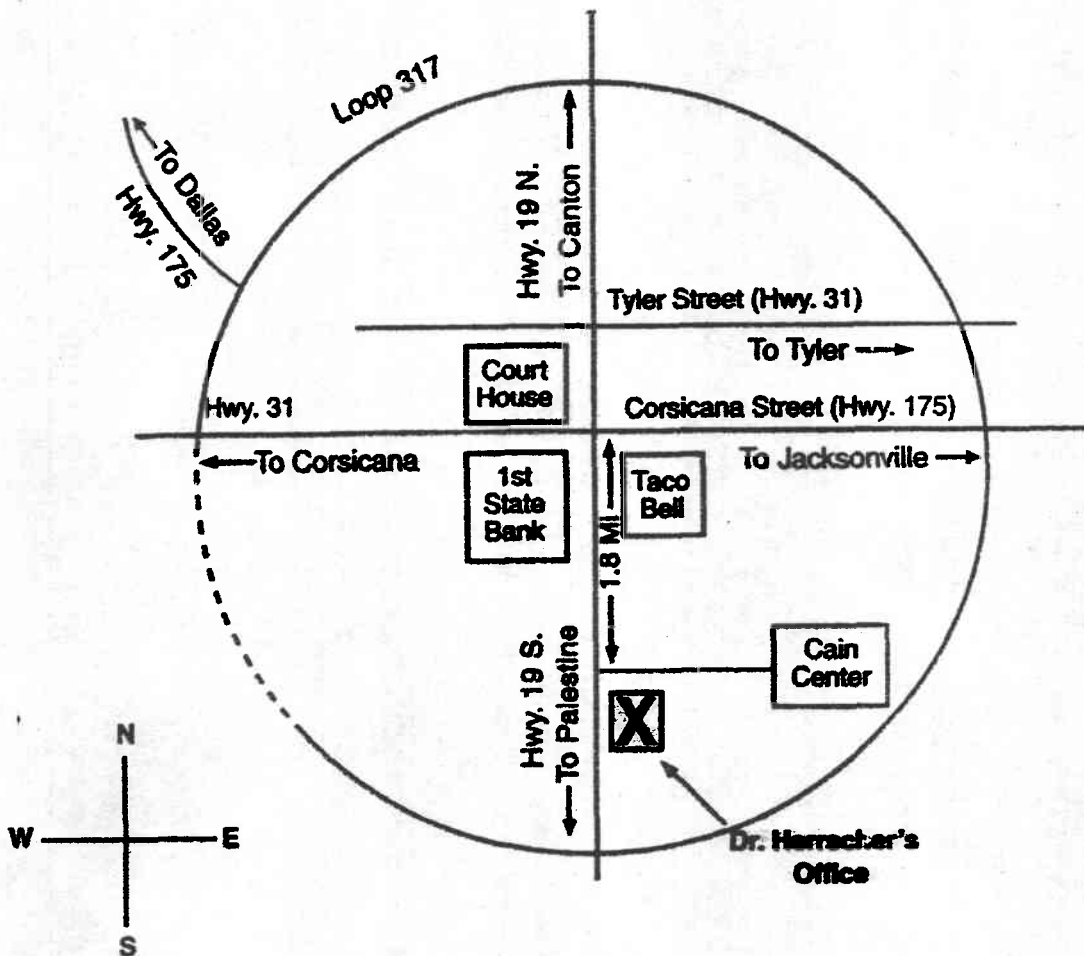
Please feel free to ask any questions which will help clarify these policies for you.

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

Patient / Parent

Date

Financial Supervisor



SCHEDULED APPOINTMENT

PATIENT'S NAME: _____

DATE: _____ TIME: _____

Orthodontic Centers of America
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Reminders

Your consultation is complimentary, and you will save 50% off of your diagnostic records by having them done on the consultation day. If for any reason the patient is not going to begin treatment, there is no charge and automatic payments will not be set up.

****Please remember to bring a voided check or your credit card number for your automatic withdrawal as we discussed with you on the telephone. ****

****Also, it is imperative that you contact your insurance company and complete the insurance form included in this packet. We cannot contact them at the time of the appointment due to the length of time it takes to get benefit information from the companies. This will help us to process the insurance without complications.****

****Please have the health history and insurance information completed when you come for your appointment.**

*****We have set up an hour for your consultation appointment. If for any reason this is not a good time for you, please call us within 48 hours of the appointment so that we may offer the appointment to another patient.*****

THANKS SO MUCH!!!