## **Orthodontic Benefits Checklist**

© 2015 American Dental Support, LLC

Date: Rep Name:	Subscriber:
Patient:	Subscriber Date of Birth:
Patient's Date of Birth:	Subscriber ID# (SS or ID#):
Relationship to Subscriber:	Employer/Group Name:
Self Spouse Dependent	Insurance Company:
Eligibility Date:	Mailing Address:
Who is eligible for Orthodontic benefits:	Phone: Fax:
Subscriber Spouse Dependents up to age	Plan Type:
Maximum benefit: \$	PPO Traditional Capitation Fee schedule
Annual Lifetime Combined Dental/Ortho	Out-of-Network benefits:
Remaining Benefit: \$	If the Doctor is a member of the orthodontic patient's insurance
Ortho Deductible: \$	network, does the plan control the maximum fee that the doctor may charge by contract, even though there is no orthodontic
Annual Lifetime Combined Dental/Ortho	coverage by the plan?
Waiting Period Yes, how long? No	TCS NO
Payment of Orthodontic Benefits	
Are benefits paid on an automatic schedule after the initial claim for	or active treatment? Yes No
If yes, what are the payment intervals?	Quarterly Other
Is the placement of post-orthodontic retainers paid separately?	☐ Yes ☐ No
Is it necessary to establish medical necessity for benefits to be paid	J? ☐ Yes ☐ No
If treatment is provided as a cosmetic service, does the PPO contro	I the fee?
Note: Case fees may be subject to fee capping when participating with a PPO in a state without non-covered benefit legislation and for patients covered by self-funded (ERISA) plans. That is, the payer can dictate the fee charged for orthodontic services, even when no reimbursement is provided. If in a state with non-covered benefit legislation and orthodontic services are not a covered service, the patient will generally be responsible for the full orthodontic fee with no mandated write-offs if an insured plan.	