

Orthodontic Insurance FAQ

As a courtesy to our patients, we are providing this information to help clarify the insurance procedures for orthodontics. Please note that we currently participate with Delta and Cigna for orthodontic treatment. If you have another insurance, as long as your plan allows out of network benefits, we can usually submit on your behalf and apply benefits towards your overall treatment fee. Below are answers to some commonly asked questions regarding insurance reimbursement.

Q: Am I covered for orthodontic treatment?

A: Due to the vast number of different insurance companies and plans, this varies from patient to patient. When planning orthodontic treatment, you should call your insurance company and ask them the following questions: Is the patient entitled to any orthodontic benefits? If so, what percentage is covered, and what is the maximum lifetime benefit the patient is eligible for? May I go to an out of network orthodontist? (The vast number of plans do allow you to go out of network)

Q: Do you accept my insurance?

A: At your consultation visit, if you furnish us with your insurance information, we can obtain an overview of your coverage. You will also receive an estimate of total treatment cost, if treatment is advised. A few weeks after orthodontic records are taken, you will come in to the office for a presentation of treatment appointment with the doctor. At this visit, Judi or Audra will explain the orthodontic payment plan with you. We will also have a detailed estimate of your insurance contribution. As long as your plan allows assignment of benefits, we can accept payment from your insurance company and base your payment plan on the difference. Please note that you are still responsible for the entire cost of treatment, and if for any reason, the insurance contribution is less than expected, a new payment plan will be generated based on the new guarantor portion. If you wish to pay your account off in full before treatment begins, you may be eligible for a bookkeeping courtesy; if so please discuss with Judi or Audra at the presentation visit.

Q: How do I go about receiving my benefits from my insurance company?

A: As long as you have furnished us with your insurance information and have signed authorization to do so, we can electronically submit to your insurance company. Remember that all plans are different and reimbursement schedules differ from plan to plan. We do not have any control over the amount of actual reimbursement you will receive; it is solely determined by your insurance company. If your insurance company does not allow assignment of benefits to our office, or you choose to handle your own insurance, you may still be eligible for benefits, however it is your responsibility to submit to your insurance company on your own. We will, however, gladly assist in filling out any needed paperwork so that you may be reimbursed.

*****If you authorize us to submit and accept assignment on your behalf, and insurance contribution has been included in your payment plan, all insurance payments should be forwarded to our office. If it is sent to you, it is your responsibility to forward it to the office. When payment is received, it will be applied to the insurance portion of your account. Please remember that you are still responsible for making sure your account is current, or late charges may be applied.**

We hope this is helpful to you, however if you should have any further questions, please ask Judi or Audra.