

Orthodontic 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 increasing numbers of dental insurance policies and coverage it is impossible to have a complete and accurate knowledge about all of these different programs and the individual patient's status with respect to his own program. In order to process your insurance claim properly we need the following information.

Patient Information

Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip Code _____

Phone _____ Relationship to the Insured: Self Child Spouse Other _____

Insured Person's Information

Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip Code _____

Phone _____ Work Phone _____

Marital Status Married Single Other _____ Social Security Number _____

Insurance Information

Name of Insurance Co _____ Phone # _____

Address of Insurance Co _____ City _____ State ____ Zip _____

Policy # _____ Group # _____ Employer _____

Insurance policies and payment programs can be complicated. Patients must realize that professional services are rendered to a person, not an insurance company. The insurance company is responsible to the patient and the patient is responsible to Kragor Orthodontics. We cannot render services on the assumption that the charges will be paid by an insurance company. However we are happy to file the initial insurance claim and accept payment on your behalf. **We will do our best to assist with your benefits, however you must understand that any unpaid insurance portion must be paid by you.**

1. I authorize the release of any information relating to the claim. I understand that I am responsible for all cost of orthodontic treatment. I further understand that I am responsible for any unpaid insurance portion.

Signature _____ Date _____

2. I hereby authorize insurance payment **directly** to Kragor Orthodontics and/or Drs. Ambre and Andy Kragor.

Signature _____ Date _____