

## *Information About Submitting Insurance Claims*

### **How to Submit your Claims**

Once your orthodontic insurance coverage has been confirmed, you must submit the following information to your insurance company in order to receive reimbursement for services rendered:

#### **For Single Insurance:**

- Submit a copy of the Standard Dental Claim Form, along with your orthodontic receipt showing date and description of charge (attach receipt to claim form).

#### **For Dual Insurance:**

##### **Step #1 – Submit documents to Primary Insurer:**

- A Standard Dental Claim Form;
- An orthodontic receipt showing date and description of charge;
- Await payment (required for next step).

##### *Primary Insurer:*

- Insurance company responsible for covering first portion of total eligible expenses;
- Usually assigned to the subscriber whose birthday falls first in the calendar year (year of birth is not considered). Please review your plan in detail, as there are usually several exceptions to this rule;
- Predetermination form must be sent to this insurance company first.

##### *Coordination of Benefits:*

- *If both plans are with the same insurer (e.g. both plans are with Manulife), benefits can be coordinated; Therefore, only one Standard Dental Claim Form, and one orthodontic receipt showing date and description of charge will suffice. Write 'Please Coordinate Benefits' on top of claim form.*

##### **Step #2 -Submit documents to Secondary Insurer:**

- A Standard Dental Claim Form;
- An orthodontic receipt showing date and description of charge;
- Copy of cheque stub from primary insurer.

##### *Secondary Insurer:*

- Insurance company responsible for covering remaining portion of total eligible expenses;
- Predetermination response from Primary Insurer must be sent to Secondary Insurer.

#### **For more than two Insurance Companies:**

- Please contact each insurance company to determine order in which forms should be submitted;
- Our office will be happy to generate all required forms after information is gathered.

Your insurer will evaluate the information provided and determine amount to be reimbursed under the terms of your plan. Some insurance companies will cover initial consultation and diagnostic record fees under your regular dental plan, while other companies cover these fees under your orthodontic plan, or a combination of both.

## Frequently Asked Questions

### **How much coverage can I expect to receive for Orthodontic Treatment?**

- Terms of orthodontic insurance coverage vary among insurance companies and individual policies;
- Your insurance company(s) will send you an Explanation of Benefits which will show how much coverage you have, and the percentage at which you will be reimbursed for each claim:
  - For example, some insurance companies will reimburse 50% of the charge up to a lifetime maximum. A typical reimbursement scheme would be to provide 50% of the initial charge, followed by 50% of each monthly charge until the maximum is reached. If you have a secondary insurer, some or all of the expenses not reimbursed by the primary insurer may be covered.

### **If the total orthodontic fee is paid in advance, will my insurance company reimburse me the full amount?**

- Most companies pay on a monthly basis; rarely do they pay the full amount at the beginning of treatment. Even if you pay in advance, your insurance company will only reimburse you on a monthly basis. They will not pay for services that have not yet taken place;
- If you have already paid the entire amount, your plan will pay the eligible percentage for the initial, and monthly fees on their set schedule. You will be reimbursed; however, your entitlements will be paid over time.

### **Why are there no insurance codes for the Initial Fee and Monthly Fees?**

- Since orthodontics is so specialized, and the treatment options are unique for each patient, orthodontists do not use procedure codes for the treatment they perform. They use a predetermination to submit the patient's orthodontic conditions, total cost and length of treatment;
- Exams and Diagnostic Records are classified as basic diagnostic procedures for which codes may be used.

### **What if I change jobs?**

- If your insurance status changes, for example if you change jobs, your orthodontic benefits may stop or change;
- If your new employer provides orthodontic coverage, you must submit a new predetermination form. Once you have provided us with your new information, our office will provide you with a completed form to submit to your new insurance company:
  - New insurers will usually start coverage from the date your benefits take effect; Therefore, there may be charges on your account not covered by your past insurer or new insurer that you will be responsible for paying.

### **Can I claim the portion of orthodontic fees not covered by my insurance plan on my tax return?**

- Yes, you are able to claim the portion of fees not reimbursed by your plan. Our office will provide you with an official tax receipt upon request; however, you will have to deduct payments received from your insurance provider.

*Our financial agreement is with you and not the insurance company; Therefore, you have the ultimate responsibility for payment of services rendered.*

*Please feel free to contact our office if you have any questions.*