

Dr. Frank J. Daniel
Orthodontic Specialist for Adults and Children

1502 Higuera Street, San Luis Obispo, CA 93401
805 543-3105

235 S. Halcyon Road, Arroyo Grande, CA 93420
805 481-1236

INSURANCE INFORMATION

FOR: _____

Insurance billing can be rather complicated for Orthodontic treatment. We would like to be of service to you with the billing process, if you would be kind enough to provide us with the proper information.

**The following is what you should ask your insurance company
In order to determine whether Orthodontics is covered under your policy:**

Name of insurance company: _____

Name of insurance company contact person: _____

Phone Number: _____ Fax Number: _____

Date Called: ___/___/___

Is Orthodontic Treatment covered with your insurance plan? ___ Yes ___ No

If Orthodontic Treatment is covered, is it covered at 100%, 80%, some other percentage, or specific amount? _____

What is the "Lifetime Maximum" for Orthodontic Treatment? _____

What is the amount of the "Yearly Deductible"? _____

What is the billing address for your insurance? _____

Once you have the above information, please mail it to our office as soon as possible.

We will keep this information in your file for future quarterly billings. Changes in your Orthodontic coverage should be brought to our attention immediately. This will help to insure that there is not a delay in billing or payment processing.

Please remember that verbal confirmation of benefits from your insurance company is not a guarantee of payment.