

PATIENTS WITH INSURANCE

Please read the following information relating to your orthodontic benefits.

Since your insurance company will not pay in a bulk payment, but trickle payments over the course of treatment, we will direct your insurance company to pay directly to you. Some companies will not send an Explanation of Benefits (EOB) to our office, but will include one with every payment they send to you. If a few months go by and you do not receive an EOB or payment, please contact our office immediately. We are committed to helping you receive your benefits and encourage you to call our office if you have any questions. Keep in mind, just because you have “Dental” benefits, it does not mean that you automatically have “Orthodontic” benefits. However, you must have Dental coverage to have Orthodontic coverage. If you are not sure, the Benefits Administrator of your company should be able to help you find out exactly what you have.

If you are not familiar with your benefits, we encourage you to call your Insurance Company and ask these common questions:

1. Do I have orthodontic benefits?
2. Is there an age limit? (usually 19 yrs, but sometimes waived for the insured adult)
3. Is there a waiting period? (for those recently insured)
4. What is my Lifetime Maximum Benefit? (always ask, because orthodontic benefits usually – **almost always** – have a **LIFETIME MAX**)
5. How am I reimbursed? (Monthly, Quarterly, Etc.)

Keep in mind, your policy may say they pay 50%, but do not miss the part that says “**up to the Lifetime Max of _____**”.

SPLINTS FOR TMJ AND/OR BRUXISM

For those patients that are having a Splint made for TMJ or Bruxism, we can usually file with your Dental and/or Medical Insurance. Each company handles this differently depending on the circumstances. We will make every effort to assist you by filing the claims and providing information as needed to your insurance company. Most companies have exclusions for TMJ written into the policy. In any case, it is always worth filing in the event that there are benefits available.

*** Please Note – If your policy states that orthodontics is **only** covered if treatment is **MEDICALLY NECESSARY**, the patient will almost never qualify for coverage. “Medically Necessary” orthodontics is typically reserved for patients with congenital defects such as cleft palates, certain syndromes, etc. ***

If you have any questions, please contact our insurance coordinator, Lindsay Pitre, at Lindsay@gottsegenorthodontics.com. Thank you.