

Orthodontia Contract

Instructions

1. Use this form to validate ongoing orthodontia payments.
2. Complete the Account Holder sections below.
3. Have your orthodontic provider complete the Orthodontic Provider sections and sign the form.
4. Sign and date the form and follow the submission instructions at the bottom of the form.

Personal Information (to be completed by account holder)			
Employee Name		Patient Name	
Employer Name		Employee ID Number	
Service Payment Details (to be completed by orthodontic provider)			
Total Cost	Insurance Payments	Other Discounts	Patient Payments
Total Remaining Balance	Number of Months	Payment Per Month	
Additional Notes (to be completed by account holder or orthodontic provider)			
Certification (to be completed by account holder and orthodontic provider)			
I certify that the information on this form is accurate and valid.			
_____		_____	
Orthodontic Provider Company Name		Date	
_____		_____	
Orthodontic Provider Signature	Printed Name	Date	
_____	_____	_____	
Account Holder Signature		Date	
_____		_____	
Submission Instructions			
For fastest results, fax to: (443) 681-4602		Or mail to: Claims Department P.O. Box 622317 Orlando, FL 32862-2317	
If you have any questions, please contact Customer Service at 833-881-8158 .			