



In order to properly process your insurance claim effectively, please complete the form below.

Financially Responsible Party Information

Patient Name: _____ DOB: _____ Date: _____

Financially Responsible Party's Name: _____

Address: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

SS #: _____ Birthdate: _____ Relationship to patient: _____

Employer: _____ Occupation: _____

Orthodontic Insurance Information

Policy Holder's Name: _____ SS #: _____ Birthdate: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Insurance Company Address: _____ Ins. Phone #: _____

Policy Holder's Employer: _____

Do you have a secondary insurance? Yes No If yes, who is primary? _____

Policy Holder's Name: _____ SS #: _____ Birthdate: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Insurance Company Address: _____ Ins. Phone #: _____

Policy Holder's Employer: _____

- Bruno Orthodontics maintains a professional working relationship with most orthodontic insurance providers.
In fairness to our patients, Bruno Orthodontics has chosen NOT to participate with every orthodontic insurance provider.
Insured subscribers have a contractual relationship with their orthodontic insurance provider, usually provided by their employer.
Any disputes in coverage amounts, dates of service, eligibility, etc... are between the subscriber and the insured and to be addressed by the subscriber who the plan is provided for.
Ultimately, the patient is financially responsible for any and all fees not paid by the insurer (usually due to job change, job loss, maximum benefit has been reached, etc...).
We will do as much as we can to work with you and your insurance provider to maximize your orthodontic benefit.