INSURANCE REINBURSMENT TRACKING

(For your own records)

Puccio Orthodontics 255 Schuurman Road Castleton on Hudson, NY 12033

Please use this form to help you keep track of your orthodontic benefits. If necessary, please contact your insurance company directly to confirm your orthodontic coverage. Ask for the **lifetime orthodontic maximum** benefit amount and <u>exactly how the benefit is paid to you</u> (i.e.: monthly, quarterly and yearly). To make any updates during treatment, please use your OrthoFi portal to do so.

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Dental Insurance Company, ID Number 8	& Phone Number		
Maximum Lifetime Orthodontic Bene	efit		
How it is paid (i.e.: monthly, qtrly, yea	arly)?		
For how long (i.e.: 1 year, 20 mos., et	c.)?		
Explanation of Benefits (EOB) receive	ed? Date:		
Date appliances were placed:		-	
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Insurance Check Number:		Date:	
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