

(360) 786-1600

Patient Information

Responsible Party Information

Emergency Information

PLEASE TURN OVER

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PERLOT ORTHODONTICS

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www.PerlotOrthodontics.com • Fax 360-705-2116

Orthodontic Insurance

As a courtesy towards your orthodontic care, our office will bill your insurance provider. We recommend that you contact your insurance prior to your appointment to confirm that there is orthodontic coverage for the patient.

Be sure to ask:

1. What is my lifetime orthodontic benefit amount? _____
2. Is there coverage for spouses and/or dependents? _____
3. Is there an age limit for orthodontic coverage? _____

Due to high call volumes and automated systems we may be unable to contact your insurance company during your initial exam.

In order for our office to determine orthodontic benefits, we will need accurate information requested by insurance companies. Please have the following information available for your orthodontic consult:

1. Dental Insurance card (if you do not have a dental card, they are available for print on the insurance website)
2. *Subscriber information
 - Name _____
 - Date of Birth _____
 - Subscriber ID# or SSN _____
 - Group Number _____
 - Name of Insurance Company _____
 - Insurance Company Phone _____
 - Secondary Insurance (if applicable)
 - Name _____
 - Date of Birth _____
 - Subscriber ID# or SSN _____
 - Group Number _____
 - Name of Insurance Company _____
 - Insurance Company Phone _____

*Please note that the subscriber may or may NOT be the patient!

If you have any questions, please do not hesitate to contact our office at (360) 786-1600. We look forward to your visit!

Thank you,

The Team at Perlot Orthodontics