

Reimbursement of Orthodontic Expenses

With growing confusion concerning reimbursement for orthodontic expenses, it is necessary to specifically address these issues in an effort to clarify the subject.

The IRS guidelines for reimbursement affirm that an expense cannot be reimbursed until the service has been provided. What this means for reimbursement of orthodontic expenses is the full amount for orthodontic services cannot be reimbursed when the work commences, even if the total orthodontia expenses have been paid in full. The reason for this is, the person receiving orthodontic work will continue to have services provided, usually for the next 12 to 36 months.

Monthly reimbursements with Service Agreement or Payment Contract:

We can reimburse orthodontic expenses on a monthly basis in an amount established by a service agreement or payment contract between the orthodontist and the patient. Such an agreement should include:

- 1) Place of service (Name of Orthodontic facility)
- 2) Total cost of services less insurance payments or provider discounts
- 3) Initial payment made (if any)
- 4) Monthly payment amount agreed upon
- 5) Number of month's treatment and payments are expected to last
- 6) Date treatment began
- 7) Name of person receiving treatment

When no Service Agreement or Payment Contract is available:

If such an agreement or contract is not available, please refer to the following instructions for using the Orthodontic Service Agreement Form to determine the amount you are eligible for reimbursement each month. This form should be completed and signed by your orthodontic provider and submitted with your initial claim.

If the full amount is due upon installation of the braces or, the doctor offers a discount if the full amount is paid upon installation, the following process must take place:

- 1) The orthodontist should distribute the total cost of the braces to the number of office visits necessary over the estimated length of service, subtracting any payments from your insurance company or provider discounts received.
- 2) If the orthodontist determines that for example, one third of the service will be incurred in the first visit when the braces are applied, then that "one third" payment (initial or down payment) will be reimbursed at the time of the first visit.
- 3) The orthodontist should then determine the estimated number of months of service and divide the remaining balance by that number. This amount can be reimbursed on a monthly basis.

Submitting an orthodontic expense for reimbursement:

When submitting your *first* orthodontic claim, the orthodontic service agreement or payment contract must be included with a completed Request for Reimbursement Claim Form. Please make sure the claim form indicates the person receiving service, provider name, date of service, the monthly payment amount, and nature of expense being orthodontia.

Once the initial orthodontic agreement or contract is submitted, you may request future reimbursements by completing a Request for Reimbursement Claim Form, and one of the following options.

- 1) Attach a receipt or copy of the "coupon" (if you were provided a payment book) that *clearly indicates* the person receiving service, provider name, date of service, the monthly payment amount, and the nature of the expense being orthodontia.

OR

- 2) In the Nature of Expense column, write, "**contract on file**". No other information or receipt is required.

Orthodontic Service Agreement Form

(Should be used when orthodontic service agreement or payment contract is not available from your orthodontist)

Name of the person receiving the service _____

Date braces were placed: ___/___/___

Total amount for orthodontic services

\$ _____

Insurance payments

- \$ _____

Provider discount

- \$ _____

Initial payment due upon application of braces
(this amount may be submitted for reimbursement)

- \$ _____

Remaining balance

= \$ _____

Remaining Balance

Divided by _____ treatment months,
Equals monthly reimbursements

\$ _____
(Qualified monthly reimbursable amount)

Provider Signature

Name of Orthodontist/Clinic

CHS USE ONLY:

Date Received: ___/___/___

Processed by: _____

Notes Entered: ___/___/___

Date Contract ends: ___/___/___