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# DAVID L. MCINTOSH, D.M.D.

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Please **call your insurance company** to obtain answers to all the following questions, and kindly bring this form with you to your appointment or you may fax: Maitland fax 407-644-5090 Winter Park fax 407-671-2237. As a courtesy, we are happy to submit charges to your insurance company. **This information is vital in order for us to accept payments, otherwise we will have the insurance company reimburse you with any benefits.** Thank you very much for your assistance!

## INSURANCE INQUIRY FORM

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# or Subscriber ID #: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone #: 1-800- \_\_\_\_\_

Group name: \_\_\_\_\_ Group #: \_\_\_\_\_

Claim mailing address: \_\_\_\_\_

**Please inform your insurance company Dr. McIntosh is an**

**"OUT OF NETWORK" provider and ASK THE FOLLOWING QUESTIONS.....**

Is there Orthodontic coverage? No Yes If so, Effective Date: \_\_\_\_\_

Must we go to a "Network" Orthodontist? No Yes

Waiting period for benefits? No Yes If so, \_\_\_\_\_ months

Is there an age limit? No Yes If so, \_\_\_\_\_ years

Is THIS patient currently eligible? No Yes

May I assign benefits payable to an "out of network" orthodontist? Yes No

(If currently in treatment) Will you cover orthodontics already in progress? Yes No

Maximum benefit \$ \_\_\_\_\_ Lifetime or Annual Used to date (if any) \$ \_\_\_\_\_

Deductible (if any) \$ \_\_\_\_\_ Lifetime or Annual Applied to date (if any) \$ \_\_\_\_\_

At what percentage will payments be made? Initial payment \_\_\_\_\_ % Monthly payments \_\_\_\_\_ %

Is the initial payment based on the: Treatment fee **OR** Orthodontic lifetime maximum (please circle one)

File claims periodically? Monthly or Quarterly **OR** Automatic payment? Monthly or Quarterly

Do you accept fax submission? No Yes If so, # \_\_\_\_\_

Name of person spoken to: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use

Information confirmed by (initials): \_\_\_\_\_

Entered in computer by (initials): \_\_\_\_\_