

Sample Dental Claim Form

For Orthodontic Procedures

This **sample dental claim form** is designed specifically for orthodontic procedures, ensuring all necessary information is properly documented for insurance processing. It helps streamline the submission of claims related to braces, retainers, and other orthodontic treatments. Using this form can improve accuracy and expedite reimbursement from dental insurance providers.

1. Patient Information

Patient Name: _____	Date of Birth: _____
Subscriber/Member ID: _____	Group/Plan Number: _____
Relationship to Subscriber: Self / Spouse / Child / Other	
Address: _____	

2. Subscriber (Policy Holder) Information

Name: _____	Date of Birth: _____
Employer: _____	Phone: _____

3. Dentist/Orthodontist Information

Provider Name: _____	License #: _____
Address: _____	Phone: _____
NPI Number: _____	

4. Orthodontic Procedure Details

Date Service Began	Expected Length of Treatment	Total Treatment Fee	Amount Paid by Patient	Amount Requested	Procedure Codes
_____	_____ months	\$_____	\$_____	\$_____	_____

5. Attachments

- Pre-treatment X-rays and photographs
- Written treatment plan
- Payment receipts (if applicable)
- Any additional required documentation

6. Authorization & Signatures

Patient/Parent Signature: _____	Dentist/Orthodontist Signature: _____
Date: _____	Date: _____

Note: This is a sample form for informational purposes only. Please use your insurance provider's official claim form for actual submissions.