

# Orthodontic Care Expense Receipt (must submit with completed Claim Form)

Fax to: **608 831 4790**  
 Mail to: **Employee Benefits Corporation**, PO Box 44347, Madison WI 53744-4347  
 Phone support: **800 346 2126**, 608 831 8445, M - F 8:00 - 5:00 Central  
 E-mail support: **participantservices@ebcflex.com**

## Account Holder Information

Last Name

E-mail Address (we do not share your e-mail address)

**Last 4 Digits of Social Security or Identification Number**  
(Required)

First Name

Employer

## Orthodontist Information and Charges

<input type="text"/> Orthodontist Name	<input type="text"/> Orthodontist's Tax ID#	<input type="text"/> Patient's Name
<input type="checkbox"/> Initial Fee      \$ <input type="text"/> Dollar Amount	<input type="text"/> Date of Payment (mm-dd-yyyy)	
<input type="checkbox"/> Records Fee      \$ <input type="text"/> Dollar Amount	<input type="text"/> Date of Payment (mm-dd-yyyy)	
<input type="checkbox"/> Monthly Installment      \$ <input type="text"/> Dollar Amount	<input type="text"/> Date of Payment (mm-dd-yyyy)	
<input type="checkbox"/> Other      \$ <input type="text"/> Dollar Amount	<input type="text"/> Date of Payment (mm-dd-yyyy)	<input type="text"/> Other Charges
<input type="text"/> Orthodontist Signature		<input type="text"/> Date (mm-dd-yyyy)



## Frequently Asked Questions

### How do I submit my Orthodontic expenses for reimbursement?

You have two options for reimbursement of your orthodontic expenses.

- Fill out the Orthodontic Care Expense Receipt every time you submit for a payment made. Be sure to include all information requested as applicable and have your service provider sign the bottom on the line provided. Submit the Orthodontic Care Expense Receipt *with* your completed claim form (listed with other claims you are submitting, if any.)
- Submit a signed copy of your Orthodontic Contract with your first claim for reimbursement. We will then put the contract on file with all relevant information, i.e., total amount of services, initial payment, monthly installments and length of treatment. After this initial submission, you need only submit a claim form for the monthly installments and write "contract on file" on your claim form. We will then be able to process your reimbursement for the dollar amount we have on file per your contract.

### What is an Orthodontic Contract?

An Orthodontic Contract (also known as a Service Agreement or Payment Contract) is a document signed by both you and your orthodontic service provider agreeing upon terms of payment for services rendered. This document should contain the following information:

- Name of service provider
- Total cost of services less insurance payment or provider discounts
- Initial payment made (if any)
- Monthly payment amount agreed upon
- Number of months treatment and payments are expected to last
- Date treatment began
- Name of person receiving treatment
- Signatures of service provider and responsible party