



## Orthodontia (children and adults)

You may submit this completed form to TaxSaver Plan via facsimile at 214-528-8122.

This form should be completed and signed by the orthodontist to confirm the treatment plan agreed upon so this information may be kept on file by TaxSaver Plan.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Employer

\_\_\_\_\_  
Participant Social Security Number

**Orthodontia** There are 3 methods available to participants for orthodontia reimbursement. The three available methods are as follows:

1. You may submit the monthly payments that you have scheduled with your orthodontist over the course of the treatment. You may also submit the initial down payment paid for the placement of the braces.
2. You may submit the annual amount that you have paid to the provider for the cost of treatment during the Plan Year. If the provider charges \$1000.00 per year, you may be reimbursed for that amount at the start of the Plan Year, as long as you have paid the provider.
3. You may submit the entire cost of the orthodontist's fee at one time and be reimbursed in one lump sum, as long as you have paid the provider, even though the services rendered will extend past the Plan Year in which the payment is made.

Total Treatment Fee \$ \_\_\_\_\_

Records Fee \$ \_\_\_\_\_

Estimated Insurance Payment \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

1. Monthly Payment \$ \_\_\_\_\_ Estimated length of treatment \_\_\_\_\_

2. Annual Amount \$ \_\_\_\_\_

3. Lump Sum \$ \_\_\_\_\_

\_\_\_\_\_  
Orthodontist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Orthodontist