DR. B. L. VENDITTELLI
D.D.S., D.Ortho., F.R.C.D (C)

DR. TRACEY HENDLER
D.D.S., M.S.D., Cert. Ortho., F.R.C.D (C)

72 St. Clair Avenue West
Toronto, ON M4V 1M7
t 416.921.6772
e info@foresthillortho.com
ForestHillOrtho.com

ORTHODONTIC INSURANCE

We are pleased to assist you in determining your insurance benefits. Please take a few minutes to complete the information below.

Please bring this completed form and your current insurance card to your appointment.

Patient name ______________________ Patient's date of birth

Policy holder's name ______________________

Policy holder is the patient's: ○ Dad ○ Mom ○ Step-parent ○ Spouse ○ Self

Insurance carrier ______________________ Employer

Group number ______________________

I.D. / Certificate # (if not listed on your card, enter your social insurance number) ______________________

INFORMATION OBTAINED BY CALLING YOUR INSURANCE COMPANY

Most cards will list a toll-free number that you may call to inquire about benefits. Either follow the automated instructions or tell the customer service representative that you would like to verify what type of benefits are available through your policy for orthodontic treatment.

Total benefit $ ______________________

Is there an age limit on the policy? ○ Yes ○ No If so, limited up to age: ______________________

Is this a lifetime or calendar year benefit? ______________________

Benefits are payable at what percent? ______________________