

## Island Flex

### GUIDELINES FOR ORTHODONTIA REIMBURSEMENT

To obtain an orthodontia reimbursement, please send a copy of your orthodontia contract along with your completed claim form. The orthodontic contract must state all of the following:

- 1) The beginning date of service (banding date)
  - 2) The approximate length of service/treatment period
  - 3) Total cost of service, inclusive of discounts
  - 4) Record fee/x-ray fees
  - 5) Initial fee (down payment) & due date
  - 6) Payment amount & due date
  - 7) Total insurance coverage (if applicable)
- The fee for orthodontic records and x-rays are eligible for reimbursement on the date the x-rays, photos and casts are taken. Proper documentation is a statement of services rendered from orthodontist or dentist office.
  - The initial fee (down payment) is eligible for reimbursement on the date of the first treatment. Again, proper documentation is a statement of services rendered from orthodontist or dentist office.
  - Subsequent monthly fees are eligible for reimbursement as monthly orthodontic adjustments occur. Proper documentation is a statement of services rendered, a receipt from orthodontist showing date of payment (with “orthodontic” clearly noted on receipt), or a copy of payment stub from orthodontic payment booklet. Documentation must also clearly show the providers information.
  - Orthodontics is an ongoing treatment and the IRS advanced reimbursement for services **not yet provided**. For payment schedules that do not coincide with dates of service, special arrangements can be made.
  - Expenses that are eligible for reimbursement are for services performed only during the plan year you are enrolled in.
  - You may begin submitting claims once your treatment has begun.
  - Please note that should your orthodontia expense span more than one plan year, a new copy of your contract needs to be re-submitted with your first claim for the new plan year.
  - You must notify Island Flex if there are any revisions to your contract where it affects your payment schedule and/or your treatment period.

<b>TYPE OF PAYMENT</b>	<b>SERVICE START PRIOR TO PLAN YEAR</b>	<b>SERVICE START DURING PLAN YEAR</b>
<b>PARTIAL PAYMENT</b> (DOWN PAYMENT AND SUBSEQUENT MONTHLY PAYMENTS)	<b>DOWN PAYMENT AND SCHEDULED MONTHLY PAYMENTS PRIOR TO PLAN YEAR NOT ELIGIBLE FOR REIMBURSEMENT</b>	<b>DOWN PAYMENT AND SCHEDULED MONTHLY PAYMENTS DURING PLAN YEAR ELIGIBLE FOR REIMBURSEMENT</b>
<b>NO DOWN PAYMENT</b>	<b>SCHEDULED MONTHLY PAYMENTS PRIOR TO PLAN YEAR NOT ELIGIBLE FOR REIMBURSEMENT</b>	<b>SCHEDULED MONTHLY PAYMENTS DURING PLAN YEAR ELIGIBLE FOR REIMBURSEMENT</b>
<b>PAID IN FULL</b>	<b>PRORATED COST OVER TREATMENT PERIOD WHICH FALL WITHIN PLAN YEAR, ELIGIBLE</b>	<b>PRORATED COST OVER TREATMENT PERIOD WHICH FALL WITHIN PLAN YEAR, ELIGIBLE</b>

**PLEASE NOTE THAT THIS INFORMATION IS JUST A GUIDE FOR ORTHODONTIA REIMBURSEMENTS AND IS NOT SPECIFIC FOR ALL SITUATIONS. INDIVIDUAL ORTHODONTIA REIMBURSEMENTS WILL DEPEND ON THE ORTHODONTIC CONTRACT.**