

**Transition of Care Form
For
DHMO Orthodontic Treatment**

Procedure:

If you or your family member have not already been “banded” for orthodontic treatment, you will need to verify that your orthodontist is listed on the CompBenefits Directory. You may go on-line to verify this at www.compbenefits.com.

If you or you family member have already been banded under the coverage from your previous DHMO company, you will probably have no difficulty continuing this coverage as planned. In most situations, you have entered into a monthly payment plan that will supercede any new coverage which is now being provided.

In the event you or your orthodontic provider has questions about continuing orthodontic care for you or your family members, please contact the local CompBenefits office for assistance. We will make every effort to make this transition as seamless as possible and will work with your existing orthodontist to either continue the care in progress, or transition the care to a CompBenefits contracted provider. **Please use the following form to alert CompBenefits as to your situation:**

Name of Employee: _____

Social Security Number _____

Daytime Phone Number _____

Employer: _____

Name of dependent in treatment: _____

Relationship to Employee: _____

Orthodontic Transition Form

(Please complete and fax to the attention of JACKIE BURSTYNE at (972) 385-3791)

This form must be returned to CompBenefits prior to 2/1/06 to be considered for Orthodontic transition of care.

Current Orthodontist's Name: _____ Phone Number: _____
() _____

Date treatment started: _____ Target Completion Date: _____

Total Treatment cost: \$ _____

Current Balance Owed: \$ _____

Current Payment per Month: \$ _____

Special conditions or treatment protocol: _____

*** CompBenefits does not guarantee transition of care benefit if Orthodontic Provider refuses to participate. Cases where Orthodontic Provider does not wish to participate with CompBenefits will be handled on a case-by-case basis.*