

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.

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

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.