EBS can help:

Employee Benefit Systems Third Party Administration Services

ORTHODONTIC PAYMENT FORM

If you would like EBS to automatically process your monthly orthodontic payments for payment from your flexible benefits account, complete this form, along with section one of the enclosed claim form, and have your provider sign below.

Participant Name	Participant Social Security Number
Participant Employer	
Patient Name	Group Plan Year
Orthodontic Treatment fee	Initial/Down Payment
Total Unpaid Balance to be Paid in Monthly Installments	
Start Date of Contract	End Date of Contract
Number of Months	Monthly Payment

Month	Year	Installment Amount	Month	Year	Installment Amount
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		
July			January		
August			February		
September			March		
October			April		
November			May		
December			June		
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

Signature of Orthodontist ______________________________

Signature of Participant ______________________________

Contact Us

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EBS