flexCOMP

Return By Fax To:
FlexComp Administration Services, Inc.
Fax: (251) 666-0101 or (800) 329-3539
Questions? Call FlexComp at (251) 666-1999 or (800) 340-8077

Section I: Patient & Responsible Party Information

Patient Name: _____ Date of Birth: _____ Diagnosis: _____

Responsible Party: _____ Employer: _____ Day Time Phone: _____

Section II: Financial Information

(1) The total cost of treatment is expected to be: $ _____

(2) The Primary Insurance Carrier is expected to pay: $ _____

(3) The Secondary Insurance Carrier is expected to pay: $ _____

(4) "Out-of-Pocket" expense to responsible party: $ _____

(5) Date Treatment Began or is Expected to Begin: ____/____/____

Section III: Expenses

Amount Charged or Percentage of Total Treatment	Procedures:	Has this procedure been performed? If "YES", list Date of Service. YES	NO
	for Pre-treatment (X-rays, molds, spacers)		
	for Application of the Appliances		
	for Ongoing Treatment		
	for Removal of Appliances		
	for Post-treatment (retainers, positioners, etc.)		
	for Other Expenses (please explain on separate sheet)		
	TOTAL *(this should be 100% or equal the amount listed as the Total Cost of Treatment)*		

Section IV: Other Information

Estimated Treatment time is _____ months.

We offer a _____% discount if all fees are paid in advance.	YES	NO
Will there be additional charges if treatment time is longer than estimated?		
If the total fee is paid in advance, and treatment must stop due to extenuating circumstances (i.e. transfer, disability, death) will a prorated refund be made?		

Section V: Service Provider Information and Signature

The information provided above may be used as a planning tool, and is not a contract for services. The above estimates are reasonable for client use in benefit planning and documentation. I understand that I may be asked for additional information and documentation as services are rendered.

Provider Name: _____ Phone Number: _____

Provider Address: _____ Fax Number: _____

_____ Contact Person: _____

_____ _____

Provider Signature Date Signed