R. MOODY WILLIAMS, D.D.S., P.C.

Member
American Association of
Orthodontists

ORTHODONTIC INSURANCE INFORMATION

PLEASE SELECT OPTION A OR OPTION B BELOW:

☐ OPTION A: THERE IS NO ORTHODONTIC INSURANCE

FOR_____(PATIENT NAME)

☐ OPTION B: THERE IS ORTHODONTIC INSURANCE COVERAGE

FOR_____, (PATIENT NAME)

I AUTHORIZE AND DIRECT BY MY SIGNATURE BELOW, DR. R. MOODY WILLIAMS'S PRACTICE TO SUBMIT MY OR MY CHILD'S INSURANCE CLAIM FORM TO MY INSURANCE COMPANY.

SIGNATURE:_____

DATE: _____

Tuxedo Center
3580 Piedmont Road, Suite 222
Atlanta, Georgia 30305
(404) 233-1155

1355 Peachtree Street, N.E.
North Tower, Suite 780
Atlanta, Georgia 30309
(404) 881-1908