

Managed DentalGuard

Orthodontic Takeover Treatment-In-Progress Form

Who should complete this form?

The Orthodontist who is currently treating an MDG Member at the time the group becomes effective under an MDG Plan.

Initial Banding Date _____

Initial Comprehensive Orthodontic Treatment Fee _____
(ADA Code (D8070, D8080, or D8090))

Number of Months Planned For Comprehensive Orthodontic Treatment _____

Number of Months Remaining for Comprehensive Orthodontic Treatment _____

Revised Comprehensive Orthodontic Treatment Fee _____

MEMBER INFORMATION

Employee Name (Print or Type)

Social Security Number Member Effective Date

Group Number Group Effective Date

Member Address

City State Zip

Patient's Name (Print or Type)

ORTHODONTIST INFORMATION

Orthodontist's Signature Date

Print or Type Name

Dental Office

Address

City State Zip

Telephone Number

For dental office in CA,
submit completed form to:
Managed DentalGuard
PO Box 4391
Woodland Hills, CA 91367-4391

Direct questions to:
Member Services (800) 273-3330

For dental offices in FL, NJ, NY
or TX, submit completed form to:
Managed DentalGuard
PO Box 2452
Spokane, WA 99210-2452

Direct questions to:
Member Services (888) 618-2019

For dental offices in IL, IN, MI or MO
submit completed form to:
Managed DentalGuard
PO Box 2448
Spokane, WA 99210-2448

Direct questions to:
Member Services (866) 494-4542