

# 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