

San Diego County Orthodontia Reimbursement Schedule

Overview and Calculator:

The County of San Diego allows ASIFlex to reimburse participants for orthodontic services before the services are provided, but only to the extent to which the participant pays for such services. The participant must pay for the orthodontic services in order to receive such reimbursement. Orthodontic services are deemed to be “incurred expenses” when the participant makes the advance payment.

In order to receive reimbursement for orthodontic work, a copy of the original contract must be submitted to ASIFlex showing the total dollar amount the participant is responsible for, less any down payment amount as well as the estimated length of time the treatment will last.

County of San Diego participants have two options for orthodontic reimbursement:

- 1) Pay in full and receive reimbursement up front, or;
- 2) Make a down payment and monthly installments per contract terms

Example 1: Dr. Johnson (the Orthodontist) offers a 10% discount for orthodontic contracts that are paid in full, up front. Sue Johnson, County of San Diego participant, pays the full contract cost of \$3,600 (a 10% discount of the full contract price of \$4,000) up front and submits a claim to ASIFlex for reimbursement. The County of San Diego allows ASIFlex to pay for orthodontic expenses as they are paid, so assuming all proper documentation is submitted with the orthodontic receipt, ASIFlex will approve the claim and Ms. Johnson will be reimbursed.

Example 2: Sue Johnson does not pay the contract in full up front, but rather makes a down payment of \$1,000 and arranges monthly installments for the 15 month contract period of \$200 per month. Ms. Johnson submits a copy of the contract, along with the proof of payment for the down payment and the first monthly installment to ASIFlex for reimbursement. Each month an installment is made to the orthodontist, Ms. Johnson submits proof of payment to ASIFlex for reimbursement, until the 15 month contract expires.

Either proof of payment or proof that the expense has been incurred must be submitted with your reimbursement request.

Monthly Installment Orthodontia Reimbursement Calculator:

Total Cost of Treatment	
Insurance Portion	
Patient's Out-of-pocket expense	
Initial Down Payment	
Expected Length of Treatment (in months)	
Amount you can be reimbursed per month	

If you have further questions regarding how orthodontic reimbursement works, please contact ASIFlex's Toll-Free Customer Service Center at (800) 659-3035, Monday through Friday, 5:00 a.m. to 5:00 p.m. or Saturday, 7:00 a.m. to 11:00 a.m.