



An Independent Licensee of the Blue Cross Blue Shield Association

## ORTHODONTIA WORKSHEET

Use this worksheet to determine the amount of orthodontia expenses that can be claimed during the upcoming plan year under your medical expense flexible spending account. Remember, expenses can be claimed during a plan year **ONLY IF THE SERVICES ARE INCURRED** during that particular plan year. The only exception is if your orthodontist requires advance payment prior to the rendering of services.

This worksheet assumes your payments are calculated after your insurance benefits have been applied. Please contact your insurance carrier if you have any questions regarding how your insurance benefits are paid.

1. Plan year effective date: \_\_\_\_\_ to \_\_\_\_\_
2. Number of months in plan year: \_\_\_\_\_
3. Date bands were placed: \_\_\_\_\_
4. Initial payment amount: \_\_\_\_\_
5. Monthly payment amount: \_\_\_\_\_
6. Number of monthly payments (excluding initial payment) in plan year: \_\_\_\_\_
7. Total amount of orthodontia expenses for plan year: \_\_\_\_\_  
[(Line 4 if paid within plan year) + (Line 5 x Line 6)]

### Example

1. Plan year effective date: **JANUARY** to **DECEMBER**
2. Number of months in plan year: **12**
3. Date bands were placed: **MARCH**
4. Initial payment amount: **\$800.00**
5. Monthly payment amount: **\$100.00**
6. Number of monthly payments (excluding initial payment) in plan year: **9 months (April through December)**
7. Total amount of orthodontia expenses for plan year:  **$\$800 + (9 \times \$100.00) = \$800 + \$900 = \$1,700.00$**