

Please attach the required documentation to your claim form and send to:

Stanley Benefit Services  
Post Office Box 29329  
Greensboro, NC 27429-9329

Fax Number 1-877-432-9247    Number of pages \_\_\_\_\_

OPTIONS FOR OBTAINING ACCOUNT INFORMATION:

Website [www.stanleymail.com](http://www.stanleymail.com) (pin # required)

Phone: 1-877-SBS-FLEX (1-877-727-3539)

### **Guidelines for Submitting Orthodontia**

For orthodontia reimbursement, send a copy of your orthodontia agreement (orthodontic contract) along with your completed claim form when treatment begins. The orthodontic agreement must state:

1. the beginning date of service
2. the approximate length of service
3. total cost of service
4. record fee
5. initial fee (down payment)
6. Subsequent monthly fees
7. total insurance coverage (if applicable)

The entire fee for orthodontic records is eligible for reimbursement on the date the x-rays, photos, and casts are taken. Proper documentation is a statement of services rendered from orthodontist.

If payment will be made in installments, the initial fee (down payment) is eligible for reimbursement on the date of the first treatment. Again, proper documentation is a statement of services rendered from the orthodontist.

Subsequent monthly fees are eligible for reimbursement as monthly orthodontic adjustments occur. Proper documentation is a statement of services rendered, a receipt from orthodontist showing date of payment (“orthodontic” clearly noted on receipt), or a copy of payment stub from orthodontic payment booklet.