# Automatic Orthodontia Request Form

simplify.

**This form is to be completed for any participant that wants to receive automatic reimbursement for orthodontia expenses. Payments are issued at the beginning of each month for which services are still being provided. If participating in automatic reimbursement for these expenses, the benefits debit card cannot be used to pay the provider.**

***=Required Fields**

**Step 1: Participant Information**

***Employer Name (Do not abbreviate)**

***Employee ID**

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