

ORTHODONTIC OFFICE POLICIES

Because we at the Orthodontic Specialists and you as the Responsible Party both desire a successful course of orthodontic treatment, the following information is designed to be mutually beneficial to both the patients and our staff as policy issues arise.

I. PAYMENT PLANS

- _____ There is no down payment towards your braces. You are expected to make your first monthly payment of _____ the day the braces are placed.
- _____ Statements of accounts are issued for delinquent accounts. Payments are due by the first of each month to ensure your account is posted as current. A late fee of \$_____ will be assessed if payment is not received by the _____ of the month. Accounts which become delinquent will result in the discontinuation of active treatment.
- _____ Insurance plans such as Denticare, American Dental, Cigna or any plan that allows members to receive a reduced fee for treatment must be presented to the Financial Supervisor prior to your records appointment. Contracts will not be rewritten after beginning treatment.
- _____ If Insurance is applicable, you have read and received a copy of the Insurance Policies form.
- _____ Returned checks will result in a \$_____ charge to your account. Only cash or credit card payments will then be accepted.
- _____ Discontinuation of treatment, or transfer from our practice, will result in an assessment charge based on fees due for services rendered.
- _____ The balance of your account, including payment for retainers, is due at the time the braces are removed. You are aware of the option to pay for retainers monthly during the course of the patient's treatment.
- _____ Any cost associated with the collection of your contract will be paid by the responsible party.

II. OFFICE PROCEDURES AND POLICIES.

- _____ Each Patient's treatment is on an individual basis. Appointments vary from 4 - 12 weeks apart.
- _____ After school appointments are alternated with school time appointments, usually on a 2 for 1 basis. The patient's schedule will be accommodated if at all possible.
- _____ 24 hours notice is required to cancel an appointment. Missed appointments will result in a \$_____ charge to your account, and can prolong treatment.
- _____ Lack of cooperation by the patient (such as poor brushing, not wearing rubber bands and/or head gear, and continually missing appointments), may result in prolonged treatment time and additional charges. Braces can cause permanent damage to the teeth without the care and supervision of an orthodontist. Cooperation by the patient is necessary to protect the teeth and gums from permanent damage. The patient/parent is responsible for maintaining good cooperation and a consistent appointment schedule in order to ensure that no damage occurs.
- _____ Phase One Treatment: You have received a copy of the Two Phase information sheet explaining that future treatment may be required.
- _____ A cleaning exam, along with any necessary fillings, must be completed before the braces are placed. It is your responsibility to keep regular 6 month check ups with the dentist. This check-up must include a thorough examination of the periodontium (gum tissues).
- _____ The patient's teeth need to be brushed before the orthodontic appointment. Toothbrushes and toothpaste are provided for those who have not brought their own.
- _____ Reports and written communications are regularly given to our patients on their regularly scheduled appointments. In the event you do not accompany your child these documents will be given to the patient to be delivered to you.
- _____ I understand all State and Federal OSHA regulations are strictly adhered to.
- _____ I, as the Responsible Party, acknowledge that a staff member has gone over all of the above information with me, and that I understand it completely.

Signature of Responsible Party

Date

Signature of Staff Member

Date