

OFFICE POLICIES AND PROCEDURES

PLEASE INITIAL EACH LINE

_____ There is a \$35.00 charge for missed appointments. Missed appointments can result in prolonged treatment and additional charges. 24 hour notice is sufficient to cancel without a fee.

_____ Intervals between appointments vary depending on the treatment and on an individual case-by-case basis. The appointments could be anywhere from 2 to 12 weeks apart.

_____ There will be an additional charge for any treatment performed by another doctor in conjunction with orthodontics; i.e., extractions, TMJ treatment, periodontal treatment, oral surgery, dental procedures, etc. These charges are separate from and in addition to your orthodontic treatment.

_____ Lack of cooperation by the patient (poor brushing/flossing, not wearing appliances or rubber bands exactly as instructed, missed appointments, excessive appliance breakage etc.) could result in prolonged treatment, a compromised treatment result, permanent damage to your teeth and additional charges. Consistent poor cooperation will result in the braces being removed before completion of treatment and discontinuation of treatment.

_____ The patient/parent is responsible for maintaining good cooperation and a consistent appointment schedule.

_____ If a patient has an unscheduled absence from the practice for a period of 100 days, they will be automatically dismissed from the practice.

_____ A dental cleaning and exam, along with necessary fillings, must be completed BEFORE appliances are placed. It is also your responsibility to keep regular 3-6 month dental cleaning and check-up appointments with your dentist.

_____ All patients are advised to have a periodontal (gum tissue and supporting bone) exam by your general dentist, or in some cases a periodontist, before the initiation of orthodontic treatment. In some instances, you may be required to have an examination by a periodontist before initiating orthodontic treatment.

_____ Progress reports and or verbal communications are given at each appointment.

_____ All appointments that are 40 minutes or longer or emergencies will be scheduled before 3:00 pm. We will do our best to accommodate you and your schedule.

_____ Our office strictly adheres to all states and federal OSHA regulations.

_____ We will file with dental insurance as a courtesy to our patients. We are not responsible for how your insurance company handles its claims or for what benefits they pay on a claim. We can only assist you in estimating what the orthodontic benefit may be. You are responsible for any un-paid balance from your insurance company.

_____ A \$25.00 charge will be assessed for all returned checks. Once a check has been returned as NSF, we will only accept cash, money orders or credit cards for payments.

_____ Once an account is 60 days past due, the patient will be dismissed from the practice, unless written financial arrangements have been made prior to the 60 day past due status. If a patient is dismissed from the practice, we will see the patient for emergencies only for a period of 30 days.

_____ The responsible party will pay any cost associated with collection of your account.

Patient/ Parent/ Legal Guardian

Orthodontist / Treatment Coordinator

Date