

This is to inform you of our guidelines regarding orthodontic treatment.

1. Patient Care: Our goal is for each patient to receive the highest quality care and final orthodontic result. We consider it a privilege to have you as a patient (and patient's family) and a blessing not to be taken for granted.

2. before or after work/school appointments: Every effort will be made to find a time that is compatible with the patient's (and parent's) schedule. Some appointments can be made for before or after school/work, but these are understandably very popular. There will be times when it might be necessary for the appointment to be in conflict with work/school hours. Certain appointments, like the placement or removal of braces, are only made in the morning or early afternoon. Your cooperation and understanding is much appreciated. Broken or canceled appointments are difficult to reschedule at popular times (2:30pm- 5:00pm). We will do our best to accommodate your needs but please be aware that this may not always be possible. School/work excuses are available upon request.

3. Treatment fee: The treatment fee does not include any fillings, bonding, cosmetic dental procedure, extractions, surgery, or any type of dental treatment other than the orthodontic treatment provided in our office. Budgeting of the orthodontic fee is for your convenience. It is not related to the number of visits, months in treatment, or frequency of orthodontic adjustment appointments.

4. Appliance loss or breakage: The fee for treatment covers the set of braces initially placed on the teeth and/or the first set of additional appliances required according to the proposed treatment plan (for ex. Expanders, headgears, and Herbs appliances). Reasonable replacement or repair charges may be assessed in addition to the basic fee for repeated breakage of the braces. Charges will be made for additional retainers or appliances to replace lost or broken ones, or to replace those that no longer fit due to lack of patient wear.

5. Extended treatment time: Treatment may go beyond the estimated treatment time due to lack of cooperation on the part of the patient relative to wearing elastics (rubber bands) or any other appliances inability to keep appointments, or excessive breakage.

6. Appointments: These are scheduled at intervals best suited for treatment progress (usually every 4-6 weeks). Broken appointments are one of the most common reasons for extended/prolonged treatment.

7. Cooperation: The Dental office instructions regarding orthodontic appliances and oral hygiene should be carefully followed. Oral hygiene must be good at all times. The diet must be restricted so that hard, sticky, and high sugar foods are avoided. Wear your orthodontic appliances as directed. Your cooperation is the key for efficient treatment, best possible results, and completion of treatment in timely fashion. The Dental office reserves the right to discontinue treatment due to lack of cooperation or poor oral hygiene.

8. Dental check-ups: Patients are expected to continue to visit their dentist for periodic dental exams and cleanings. More frequent cleanings may be necessary depending upon a patient's oral hygiene or level of health of the supporting bone around the teeth.

9. Transfer from our office: In the event transfer is necessary prior to the completion of treatment, the orthodontic fee will be adjusted for services rendered to date.

10. Responsible party: It is the policy of our office that the custodial parent is the responsible party. We will assist the responsible party by writing letters to explain treatment, filling out insurance forms, meeting with the other parent to discuss treatment, and so on. However, the final responsible party is the custodial parent.

11. Insurance: If you have insurance that covers orthodontic treatment, we will assist you by filling out forms and filing insurance. Insurance benefits are usually payable directly to our office. It is important to remember that the insurance policy that you carry is a contract between you and the insurance company, thus making it necessary for you to contact them directly should any problem arise. If there is a change in your insurance coverage, or if it is terminated, please notify us immediately. In the event that there is a balance remaining after termination or modification of the insurance benefits, the responsible party is obligated for the unpaid balance. Initially, the contract is based on estimated insurance benefits.

12. Overdue and non-payment of accounts: After 3 delinquent months without contacting our office to make financial arrangements, the patient will be placed on an "inactive rest" basis. Appointments will be for supervision of the orthodontic appliances to avoid regression of work accomplished. No adjustments for further progression will be made until account is up to date. Our offices reserve the right to discontinue treatment due to an extended period of non-payment. *All payments are due on the first day of each month. *A \$5 fee will be processed if payment is more than 20 days late. In the event a situation arises that would interfere with payment, please contact our office to discuss the matter. Please do not allow an extended period of treatment to pass without an appointment. We do not want a patient's dental health affected by these events.

13. Retention phase of treatment: Retention appliances (retainers) are designed to complete the last phase of orthodontic care. Retainers must be worn as instructed. If relapse occurs due to lack of patient cooperation with retainers, braces may have to be placed back on the teeth at an additional charge. While wearing retainers, there will be no charge for retainer checks and adjustments for the first year (1) after the removal of the braces. Following this, a reasonable fee will be assessed.

Once again, thank you for your interest in our office. We look forward to a warm, friendly, and lasting relationship.

Advance Dental office