



## Financing Orthodontic Treatment – In-Office Payment Arrangements

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The orthodontic fee is the fee you pay to our office for your orthodontic treatment. The orthodontic fee includes the following:

- Diagnosis
- Treatment Plan
- Initial Appliance(s)
- Appliance Placement
- Appliance Adjustments
- Retainers (for Phase II Treatment)

In-office financing is divided into a down payment and consecutive monthly payments budgeted over the estimated treatment time.

One third of the treatment fee covers the orthodontic diagnosis, treatment plan, initial appliance(s) and appliance placement.

The remaining orthodontic treatment fee is broken down into consecutive monthly payments budgeted over the estimated treatment time until paid in full. All accounts are expected to be paid in full prior to appliance removal. Monthly payments are charged the first of every month regardless of office visit status. Our office will send billing statements only if accounts are past due.

To our patients with insurance coverage: Insurance is your benefit. Our office will pre-credit your account for the amount of your estimated orthodontic benefit. We will accept payment from your insurance company in order to reduce your out of pocket expenses. Please be knowledgeable about your insurance policy. Your orthodontic benefit may be paid out based on a fee schedule or may be prorated over the estimated treatment time. Your insurance policy must remain in effect throughout the duration of treatment in order to collect the estimated orthodontic benefit. Any monies not paid by insurance at the completion of treatment becomes your responsibility. Our office will submit an insurance claim to your insurance company using the information you provide to us. Our office strives to collect your maximum orthodontic benefit. Sometimes your advocacy is required to assist in securing your benefit. If your insurance company does not respond to our claim submission within 60 days, or they deny the claim, the insurance balance will be transferred to your account and will become your responsibility. Please direct any specific questions or concerns you have regarding your benefit to your employer's human resources department. You must notify the office immediately of any orthodontic benefit changes. Failure to do so could compromise the amount of orthodontic benefit that can be collected on your behalf. Notification to this office of a change in orthodontic benefit coverage greater than four (4) months after the effective date of coverage will result in your forfeiture of courtesy insurance submission by our office. The insurance balance will be transferred to your balance and become your responsibility. Due to changes in participating provider allowable charges, we may opt out of participation with an insurance company during the course of your treatment which may affect your orthodontic benefit.

The orthodontic fee does not cover excessive breakage of appliances. Nor does it cover replacement appliances if one happens to be lost. For those instances, additional fees apply as outlined in your Truth ~ In ~ Lending Form. Additional fees also apply if treatment time is extended beyond the estimated treatment time due to lack of compliance with treatment recommendations.

There is no charge to finance your orthodontic treatment through an in-office payment arrangement unless your account becomes past due. An account is considered past due when a payment has not been made on the account for 30 (thirty) days. Our office charges \$20.00 per month on all overdue balances. This is also outlined in your Truth ~ In ~ Lending Form.

I have read, understand, and agree to abide by the office policies regarding In-Office Payment Arrangements.

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Person Responsible for Account (Print and Sign Name)

Relationship to Patient

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Patient Name

Date