Johnston Orthodontics
ATTENTION PATIENTS AND PARENTS

AFTER SCHOOL APPOINTMENT POLICY
Due to the popularity of after school appointments and the limited availability of these, we are only able to offer _every other_ appointment as an after school appointment_. Please understand that most families have both parents working and we try to be as accommodating to everyone's schedule as we can. **Please also understand that there are _certain procedures that can only be performed at specific times of the day_ (as determined by Dr. Johnston) due to the amount of time Dr. Johnston must spend with you/your child.**

CANCELLATION POLICY
_24_ hour notice is required for any appointment cancellation. After school appointments which are broken will require reappointment _during school hours as well as the following appointment during school hours_, in order to be fair to our other patients who maintain original appointed times. We reserve the right to **_charge_ for missed and/or rescheduled appointments that do _NOT_ comply within the _24_ hour notice policy_.**

LATE APPOINTMENT POLICY
If patient is more than _15 minutes_ late for a scheduled appointment_, we reserve the right to _reschedule the appointment._ Please understand that this causes a chain reaction throughout the day causing longer wait times. If you are on the way to the office and see you are running late, **please call ahead to let us know**. At that point we will be able to tell whether we are able to keep the appointment or if we will need to reschedule.

EMERGENCY VISIT POLICY
An orthodontic emergency is a situation that has resulted in trauma, bleeding, extreme pain, broken wires, and/or loose teeth. If the patient has an **orthodontic emergency**, please call the office immediately **(864.877.2929)** so that we may determine what type of emergency procedure is needed. We will schedule **as soon as possible** to resolve your issue. If the **orthodontic emergency occurs _outside of Johnston Orthodontics regular business hours_, please call (864.877.2929), you will then be instructed how to reach Dr. Johnston directly**. **If injuries are _life threatening please call 911_**.
*Please note that **a loose bracket is _not_ considered an orthodontic emergency**. Loose brackets will be given the **_next available bonding appointment_ which are scheduled at specific times of the day (as determined by Dr. Johnston) due to the amount of time needed for repair**. Please keep in mind that **we scheduled appointments _6-8 weeks_ into the future**, so availability will be limited.

INSURANCE POLICY
*The patient and/or parent(s) of minor patient is/are responsible for any amount that is not paid by your insurance company. Please be aware that having insurance coverage is NOT a guarantee of payment.*

PAYMENT POLICY
Payments are due on the 21st of each month on payment plans. A fee of $10.00 will be added to each month a payment is late. We reserve the right to suspend treatment on past due accounts until balance is brought current. Accounts that are **_90_** days past due may be sent to a collection agency.

RESPONSIBLE PARTY POLICY
Please note that _the parent/guardian who presents minor child(ren) for treatment will be held responsible for payment_, and will be required to fill out and sign paperwork. In situations where there is joint custody and/or another party required by court order to pay, (whether in part or in full) those **issues will need to be resolved by the involved parties. Johnston Orthodontics can take on _no obligation to enforce or execute payment requirements_ as set forth by the court**.

REPLACEMENT RETAINER AND APPLIANCE POLICY
There is a **_fee for replacement of broken and/or lost retainers or appliances_**. Payment is due at the time of the impression for retainers and appliances. There is also a **_fee to repair bonded retainers_** which must be paid at time of bonding.

PLEASE NOTE THAT THERE IS A $50 FEE ON ALL RETURNED CHECKS AND CANCELLED/BLOCKED ACH ACCOUNT DEBITS

Johnston Orthodontics sincerely appreciates your understanding and cooperation in **_all_** of the above mentioned policies.

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    Patient and/or Parent of Minor Patient Signature   Date