

Contract for Orthodontic Services with Greenberg Dental & Orthodontics

Orthodontic Policies

_____ 1. **Payments:** The fee is due monthly for your budgeting convenience. Treatment appointments vary, but usually average 6-8 weeks apart. There is no relationship between the number of monthly visits and monthly payments.

_____ 2. **Discontinuing treatment:** in the event the patient should move or want to discontinue treatment, the fee will be adjusted accordingly with our prorated formula. *Please note the initial records fee is not fully reimbursable if the client fails to start treatment.*

_____ 3. **Transfer requests:** if you move and requesting records, a single duplication will be furnished for fee no more than \$50. If you would like to transfer locations within our practice you may do so one time at no cost, any additional transfers will incur a \$50 fee.

_____ 4. **Delinquent payments:** if the payment becomes repeatedly delinquent or in excess of 90 days past due, the office and doctor reserve the right to either dismiss the patient from the practice or remove all braces with or without retainers, all without liability for the unfinished treatment. The account balance must be paid in full at the completion of treatment or braces may not be removed.

_____ 5. **Missed appointments:** We assume no responsibility for missed appointments and it is the client's responsibility to reschedule an appointment. We do not routinely confirm appointments. If appointments are repeatedly missed, not made or cancelled, treatment will be discontinued and client dismissed.

_____ 6. **Orthodontic results:** The final orthodontic results are usually very successful. However, there is no such thing as a perfect smile or perfect bite. It is normal for teeth to move back to their original position, even after wearing retainers for the prescribed time, in many case retainers must be worn for a lifetime. Retainers must be worn for the recommended time as the orthodontist has advised. The orthodontist will do his/her best in each individual case.

_____ 7. **Retreatment:** if for any reason the braces have to be placed again there will be an appliance replacement charge and retreatment fee assessed.

_____ 8. **Options and limitations:** my options for treatment have been fully explained to me along with the risks, benefits and limitations for my particular case. I acknowledge results are based on my dentition as well as my cooperation.

_____ 9. **Retention:** the patient will be seen in retention after treatment is complete to check retainers for up to one year or a maximum of four appointments at no charge. After that the patient may continue to be seen for retention checks however a \$50 fee will be assessed per visit.

I hereby certify that I have read and received a copy of the above disclosure statement on this date _____ . I understand and agree to abide by the official policy as stated above.

Responsible party signature

Treating orthodontist signature