

ORTHODONTIC TREATMENT FINANCIAL CONTRACT

Patients Name: _____

Date: _____

The total fee for the Orthodontic Treatment is \$_____. The fee includes diagnostic records, treatment planning, appliances utilized during the course of the treatment, regular and emergency visits, documentary progress records, and initial retainers. If appliances must be replaced due to loss, careless handling, or neglect; additional charges may be necessary to ensure optimal care. **The orthodontic fee does not include any required restorative, oral surgery, routine dental check-ups, or special dental services.**

The orthodontic fee is divided into the following parts:

	Insurance	Patient
Diagnostic Records and Treatment Planning*	\$ _____	\$ _____
Initial Appliance Placement Fee **	\$ _____	\$ _____
Insurance estimated balance reaming	\$ _____	
Patient Monthly Payments *** of \$ _____ for _____ months to equal		\$ _____

* The payment for required diagnostic records is due at the day of the records appointment unless other arrangements have been made. If Insurance is applicable, the records fee will be filed at the time of records payment.

** The initial appliance placement fee represents a down-payment toward the total treatment fee and is due the day appliances are placed. If Insurance is applicable toward orthodontic treatment, the total treatment fee will be filed with the insurance company at the time the appliance placement fee is paid. The insurance filing will reflect the amount of the placement fee paid and contracted monthly maintenance fees.

*** Monthly payments begin the month following appliance placement and are **due the first of each month**. The number and amount of payments will not increase or decrease from the contracted plan unless special circumstances warrant modifications. **Whether a patient is seen multiple times or does not visit the clinic in a particular month, the same monthly payment is due.** There are no interests or carrying charges.

The estimated time of active treatment is _____ months. The actual time may be affected by multiple variables to include accelerated or delayed individual response to treatment, maintenance of good oral hygiene, care of appliances, and faithful following of instructions by the patient. A structured retention phase of treatment following removal of active appliances will last for approximately two years with retention appointments at one and three months after retainer delivery; than at six month intervals until the retention phase is complete.

By signing below I also understand if an extraction is recommended before, during or after treatment it is not included in this contract. There will be a separate charge where the extraction is done.

If you have any questions, please do not hesitate to contact our office.

Signature of Patient/Parent/Guardian

Signature of Financial Coordinator