

Orthodontic Treatment Contract

Date: _____ Office: _____ Medicaid Insurance: _____

Patients Name: _____

Approval #: _____ Amount Approved: \$ _____

Orthodontics will provide Orthodontics services to the patient and will accept payments from the client's Medicaid insurance as payment under the following conditions.

1. The patient must be eligible and remain eligible throughout treatment for the orthodontic benefit for which they were approved.
2. Appointments must be made and kept or the braces may be removed, treatment discontinued with no retainers placed and/or patient dismissed.
3. If for any reason the client becomes ineligible and is no longer covered by their Medicaid Insurance, to continue treatment the undersigned parent/legal guardian or patient (if over 18) agrees to pay _____ Dental Orthodontics \$_____ per month until the treatment fee is completed. This fee is due and payable every month even if the patient is not seen in that month.

_____ **1. Fee Treatment:** The approved orthodontic fee covers initial and final records, all appliances (braces and expanders, etc...) adjustment visits, and retainers necessary to complete this phase of expected orthodontic treatment. Additional charges may apply for additional treatment time or visits due to factors outside the doctor's control, such as missed/ cancelled appointments or poor patient cooperation (breakage of brackets, not wearing elastics, headgear, etc...).

_____ **2. The Fee Does Not Include:** General dentistry, regular checkups, fillings, surgery, prophylaxis (dental cleaning) of teeth, extractions, crown and bridgework, etc., which may be necessary during the course of treatment or post treatment. The fee also does not include appliance repair due to excessive breakage or replacement due to loss.

- *A separate charge will be made for replacement of broken or lost retainers and all appliances costing \$100-\$300 each.*
- *Once orthodontic bands & brackets have been placed they should remain on the teeth during the normal course of treatment.*

_____ Occasionally a **band or bracket may become loose**. If this breakage is deemed excessive by the doctor, then the treatment may be terminated, braces removed and patient dismissed or a \$20 re-bonding/ re-cementing charge per bracket or band will be imposed and is payable on the day the bracket or band is replaced.

_____ **3. Payments:** The office will submit to the patients' Medical Assistance insurance on a regular basis for payment. If for any reason the patient does become ineligible for Medical Assistance, the patient's payment as described in #3 above, continues at \$_____ per month even if the patient is not treated that month. There is no relation between the number of monthly visits and monthly payments. Medicaid insurance will pay our offices on a monthly or quarterly basis: most do not pay in full up front.

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_____ **4. Treatment Stops:** in the event that the client should move or want to stop treatment, the fee will be adjusted accordingly. If you move and request a transfer of records, a single duplicate will be furnished (to include clinical chart notes, pictures and X-rays) at a fee for up to \$50.

_____ **5. Delinquent Payments:** If on a monthly payment schedule & payment becomes repeatedly delinquent or in excess of 90 days past due, braces may be removed with financial charges. All treatment will be discontinued and the patient dismissed. Retainers will not be placed unless the past due balance is paid in full. The patient will not be seen for retention visits (Retainer checkup appointments).

_____ **6. 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.

_____ **7. Orthodontic Results:** The final orthodontic results are 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.

_____ **8. Appliance replacement:** If braces have to be put on a second time, there will be an appliance charge and a re-treatment fee assessed.

_____ **9. Options & Limitations:** my options for treatment have been fully explained to me along with the risks, benefits and limitations for my particular case. I knowledge results are based on my dentition as well as my cooperation.

You will be seen in retention for a period of one year, at no charge unless early debanded or dismissed from the practice, after that the treatment is completed. After this one year period, the patient can return, however a \$50 fee per visit will be charged.

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

Signature Parent or Patient if over 18 years old

Parent or patient printed name

Witness or staff signature

Doctors Signature