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**OFFICE POLICIES**

Our office schedules 4-8 weeks in advance

Procedure for appointment scheduling is as follows:

**INITIAL EXAM** Plan 30 minutes for this complementary appointment. A thorough examination by the doctor will be conducted, and if applicable, insurance information and financing will be discussed.

**CONSULTATION & APPLIANCES** Since this appointment is lengthy (approximately 1 hour and 45 minutes); **it will be appointed in the morning only.** We will collect a complete set of orthodontics records, which may include photographs, x-rays of your head, teeth and jaw joints and models of your teeth (if needed). You will meet with Dr. Patil to review your case analysis and determine the best treatment plan based on the information gathered from your records as it is our desire to have the parents and/or patient understand the diagnosis, treatment plan and expected results. A contract will be signed at this time and appliances will be placed. When orthodontic appliances are placed in the mouth, the patient will need a specified time set aside to apply braces and explain proper home care treatment which is why we conduct these appointments during the morning hours only.

**MONTHLY ADJUSTMENTS** Your 4-6 week adjustments are quicker appointments usually lasting 15-20 minutes. We reserve the time after 3:00 until closing for these adjustments, as the majority of our patients prefer this time for after-school or work-related purposes. Of course, any time of day is available for these appointments however.

**MISSED APPOINTMENTS** Appointments are usually scheduled 4-8 weeks in advance. **Missed appointments may delay your next appointment 4-8 weeks** and a missed appointment fee of $35 will be applied and payable **prior** to the next appointment scheduled.

**CANCELLED APPOINTMENTS** 24-hour notice is required to cancel an appointment. Anything within this time frame may be assessed a $35 late cancellation fee which is payable **prior** to the next appointment scheduled.

**AFTER SCHOOL APPOINTMENTS** We give after school appointments when possible, however, they must be confined to the procedures that take a minimum of time (20 minutes or less).

**EMERGENCY APPOINTMENTS** For your convenience we have set aside emergency time in the morning or early afternoon. Please call ahead so we can accommodate you in one of those times.

**LATE APPOINTMENTS** If you arrive late for your appointment, you will be seen ONLY if there is time available; otherwise your appointment will be rescheduled for another day. Anyone arriving later than 15 minutes past their appointment time **WILL** be rescheduled with no exceptions.

**OVER>>>**

**NOTICE TO NEW PATIENTS WITH INSURANCE**

We accept payments directly from insurance. What this means to patients is that we have payments options which include a **combination of payments from the patient and the insurance.** We will provide a customized sheet with different payment options for your convenience.

Please be advised that when a Predetermination Form is sent to the insurance, the form we receive back is just an estimated portion of what insurance agrees to pay at that time. It does not guarantee the full payment or any payment of any claims. The insurance company can change the amount of payments for unpaid claims at any time per their discretion.

Because each insurance company has different contracts with each employer, benefits will vary from patient to patient. Be aware that insurance company payments may be unpredictable.

It is our goal to provide you and your family the best patient care you deserve. It is your responsibility to keep your records and payments up to date with our office. We try our best to work with insurance companies and *appreciate your cooperation with this matter.*

**PAYMENT AND ACCOUNT POLICIES**

**Payment Plans** For your convenience, we spread our payments our over a 9-18 month period depending on the type of treatment. There are several payment plan options to choose from.

**Responsible Party for Account** Due to unsatisfactory third party relationships in the past we do not accept multiple obligations in a split family situation. There can only be one responsible party.

**Returned Checks** There will be a $50.00 fee for returned checks, plus any other bank fees that may occur.

**Past Due Accounts** Accounts 60 days past due will have a $35.00 fee assessed, accounts over 60 days past due will be subject to an additional late fee of $35.00 reoccurring every month until account is caught up.

**Patient signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal guardian signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_