

## **Office Policy**

### **Scheduling and Appointments**

Our office hours are Monday 9-6, Tuesday 8-5 (administrative team only), Wednesday 8-5, Thursday 8-5, and Friday 8-1 (every other week). Appointments are usually scheduled at four (4) to eight (8) week intervals during treatment. The majority of these visits can be scheduled in the early morning or afternoon; however, appointments 1 hour or longer (putting braces on, taking braces off, impressions) need to be scheduled in the morning. We do understand that this may be inconvenient for some patients, but it does allow us to provide our best possible treatment and also to accommodate as many patients as possible during the afternoon hours.

It is the patient's responsibility to make timely follow-up appointments. These can be scheduled after your visit, and are therefore, scheduled in advance. This will help to ensure that you can choose times/days that will work for you or give you ample notice to make arrangements. If you wait until the week before to attempt to schedule your followup visit you probably will not be able to get your more ideal time slot. Your appointment is reserved especially for you, and so we do require 24 hours notice to cancel. Repeated missed appointments or last-minute cancellations may result in rescheduling fees.

As a courtesy to you we will call to confirm your appointment 1-2 days prior, but please do not depend on this, since messages can be accidentally erased or overlooked.

### **Treatment Cooperation**

We will always do our best to provide the absolute best orthodontic treatment for our patients, because we care. In return, we expect excellent treatment cooperation. This common goal for doctor and patient is what results in superior orthodontics. Below you will find a list of our expectations for all of our patients and/or parents:

- Cooperation in elastic wear
- Proper oral hygiene
- Maintaining regular dental cleanings and checkups with your general dentist (every 3 months)
- Keeping of regular adjustment appointments at recommended intervals
- Eliminating foods and eating habits that break or distort appliances
- Reporting lost or broken appliances promptly

At the least, poor compliance will extend treatment time, and at the most, it may even prevent us from completing your treatment at all. In these extreme cases we will be obligated to terminate active treatment.

### **Financial Policy**

When treatment is initiated we will draw up a financial agreement (contract), so that the terms of payment are clear. We offer a 5% courtesy for payment in full, or we can finance over the anticipated length of treatment with monthly payments.

A monthly payment is simply a convenient way to spread out the cost of orthodontic treatment and is not related to treatment progress or appointments; therefore, payment is still collected even if there is no appointment during the month. Below is further information about our payment plans:

- Accounts become due on the 1st of the month

- If no payment is received by the 28th of the month a \$10 late fee is assessed, and a statement is sent to inform you of this balance (\*statements are only sent to patients with a balance\*).
- At 60 days delinquent additional late fees will be applied.
- At 90 days delinquent further late charges are applied, and a dismissal letter will be sent by certified mail. This will terminate our responsibility to the patient. Further orthodontic treatment will have to be rendered by another orthodontist. However, if the patient finds alternative financing and pays the entire unpaid balance active treatment can be reinstated.
- We understand that life happens, and so the primary goal of our collections system is to find a payment arrangement that will work for you and your family. We do not wish to dismiss patients from our practice; however, if you do not respond to our multiple requests for payment or work with us to rearrange your contract, we are left with no other option.
- The balance of the total treatment fee is due before appliances are removed.

If you transfer or move during the course of treatment your account will be prorated, and the account will be settled prior to sending your records to your new orthodontist.

**Insurance**

Once we verify and assign your orthodontic insurance benefit, an insurance ledger is established with the expected amount of insurance benefits. We will then be responsible to file your periodic insurance claims, accept payment and apply this to your account.

Please be aware that many insurances do not pay your benefit in a lump sum, rather they send payment over the course of treatment. If the patient's benefit decreases, changes or terminates, the unpaid balance is transferred back into the patient's ledger and will be the responsibility of the patient.

**Assignment of Benefit Authorization**

I hereby authorize insurance payment directly to Franklin Orthodontics, PLLC, otherwise payable to me. I understand that I am responsible for all costs of orthodontic treatment. I hereby authorize this orthodontic office to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

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Signature Date

I have read the above document and understand the policies of Franklin Orthodontics, PLLC.

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Signature Date