



Patient Name:

Responsible Party:

Treatment:

Phase 1 of a 2 phase treatment

Date:

09/16/2024

COST AND PAYMENT SCHEDULE FOR ORTHODONTICS

In order to comply with 12CFR226, the "Truth in Lending Act" and the requirements of Regulation Z, we are required by law to retain a signed copy of this payment schedule in your file.

Treatment Fee: \$6,280.00

Insurance (-) \$1,500.00

OrthoBanc (initiation fee) \$100.00

Upgrade Package \$500.00

(VIP, Platinum, Pink Bow Tie):

Paid in Full Discount

Down Payment (-) \$1,000.00

Patient Portion \$4,380.00

Months Financed 24

Monthly Payment \$161.67

Orthodontic treatment is provided on a personal basis to the highest quality standards. If at any time, you have questions regarding any treatment, fees or services, please discuss them with us promptly and frankly. We will make every effort to avoid a misunderstanding and to rectify any injustice and to preserve our friendship

SCOPE OF TREATMENT: The scope of treatment for orthodontic services has been defined in the patient's treatment plan, which has been reviewed and agreed to by the Responsible Party. This treatment fee includes diagnostic records (initial and final), orthodontic appliances, all adjustments, emergency visits and one clear retainer at the of Phase 1 orthodontic treatment or one upper clear retainer and one lower clear retainer at the end of Comprehensive Orthodontic Treatment. The Responsible Party is defined as the patient, parent, or legal guardian authorizing orthodontic treatment and authorized to do so by law. The Responsible Party accepts responsibility for all orthodontic fees incurred as a result of the patient's orthodontic treatment, as defined by the patient's scope of treatment for orthodontic services. The above listed fees include all orthodontic services at Popat Orthodontics. Services rendered by the family dentist or other dental specialist will be billed through that office/provider.

INSURANCE: All private insurance plans represent a contract between yourself and the insurance company. These contracts are not between Popat Orthodontics and the insurance company. We will do our best to help you obtain benefits, but we cannot be responsible if your carrier does not pay us. Most insurance companies do not pay full orthodontic benefit at the beginning of treatment. Therefore, it is your responsibility to make certain your carrier makes prompt payment and to handle any disputes that may occur. Any denied or unpaid balances will be your responsibility. If you elect to change or terminate your insurance provider and your coverage is less than provided by your original insurance provider, you will be responsible for all unpaid fees and your monthly payment schedule shall be adjusted accordingly. Regardless of insurance coverage, you as the Responsible Party are responsible for the complete payment of all fees under this Agreement. In the event of the failure to pay any of the fees under this Agreement, without making other arrangements with Popat Orthodontics, treatment of the patient will be terminated.

Initials: _____



THE STANDARD OF ORTHODONTIC PRACTICE: In the event of premature treatment termination, the Standard of Orthodontic Practice requires the removal of all orthodontic appliances, which may result in the possible failure of all corrections of alignment or occlusion. The Responsible Party, as the parent or guardian or the patient, hereby authorizes Popat Orthodontics to remove all orthodontic appliances in the event of termination of treatment. If you elect to change or terminate your insurance provider and your coverage is less than provided by your original insurance provider, you will be responsible for all unpaid fees and your monthly payment schedule shall be adjusted accordingly.

ORTHODONTIC CHARGES: Orthodontic fees include only the procedures performed in this office. Additional charges will be incurred for lost or broken appliances, missed orthodontic appointments or failure to make monthly payments as agreed. Loose or Broken Bracket fee of \$35 per bracket will be automatically applied to your Orthobanc account or charged to your credit card. Popat Orthodontics dba Madison Orthodontics LLC services will be discontinued for lack of cooperation or failure to adhere to the agreed financial arrangements delineated by this contract. The financial account must be paid in full by the end of orthodontic treatment. Due to our flexible financing, in the event orthodontic services are terminated for any reason before the completion of treatment, the responsible party will be responsible for a minimum of one third of the total treatment fee AND the remaining balance which will be prorated depending on the patient's estimated treatment time.

MONTHLY STATEMENTS AND LATE PAYMENTS: In order to offer our patients in-house financing through OrthoBanc, a \$100.00 initiation fee is applied to your contract amount. Payments are due to OrthoBanc every month on the date that appears on your account as provided by OrthoBanc regardless of scheduled appointments. If your account becomes delinquent over 60 days, the patient may be put on "maintenance" status. Orthodontic progression in treatment will be stopped. Patient's with a balance 90 days or older shall be de-banded. The fee for early de-banding is \$750.00 due at the time of service.

BONDING & DEBONDING APPOINTMENTS: Braces on and braces off appointments are scheduled on Tuesday, Wednesday or Friday during 9-12pm only. The "Pink Bow Tie" upgrade plan will allow the option to schedule before or after school for those longer appointments. Before and after school appointments are the most popular. However, we may need your cooperation in scheduling appointments during school hours unless you have upgraded to the Pink Bow Tie plan. Due to the large number of patients scheduled between the hours of 2-4 PM, all major repairs and/or patients requiring more than 40 minutes for their appointment will need to be seen before 2PM. Typically these appointments include putting braces on/or clear aligners attachments on and removing braces/clear aligner attachments.

Initials: _____



ADDITIONAL ORTHODONTIC CHARGES: For each additional month of required orthodontic treatment beyond the original specified contract treatment terms, an additional monthly fee shall apply of \$205/month. Factors that cause additional fees: missing appointments, not scheduling monthly appointments, not wearing elastics, clear aligners, headgear or appliances as directed by the Orthodontist. These additional fees are based upon your specific insurance and are subject to change at any time. Nitrous oxide (laughing gas) fee used during initial bonding or debond is \$200.

- 1) Excessive Damage to brackets or bands. We allow for the possibility of 3 brackets or bands becoming loose during treatment. After that there will be a charge of \$35 for each loose bracket or band.
- 2) Excessive failed or canceled appointments. We ask that you give us 48 hours notice in advance if an appointment has to be rescheduled. We allow for the possibility of 3 failed appointments or appointments cancelled without 48 hours notice before any charges will be added to your OrthoBanc account or charged to your credit card. After that, there will be a charge of \$35 for each appointment failed or cancelled without 48 hour notice.
- 3) Lost or broken appliances (retainers, palatal expanders, space maintainers, clear aligners, headgears, mouthguards): These charges will vary depending on the appliance and damage incurred - starting at \$200 per appliance.
- 4) Unforeseen circumstances: Treatment may take longer due to circumstances beyond the control of the patient or the doctor such as disproportionate facial growth. In that event, the original treatment fee will be honored. However, if treatment is extended due to the patient's failure to follow instructions or keep scheduled appointments, a fee of \$205 per visit will be charged until treatment is completed.
- 5) Night Time Hawley Retainers at 1-Year Retainer Check Appointment: Patient's completing comprehensive orthodontic treatment are recommended upper and lower Hawley retainers at their retainer check appointment one year after their treatment has ended. These night time Hawley retainers are not included with this Treatment Fee. The cost of each Hawley retainer is \$350 so \$700 total.

CAVITY/PERIODONTAL WAIVER: It is the Patient & Responsible Party's responsibilities to see a dentist within 6 months of starting treatment to obtain a clearance that teeth and gums are healthy prior to starting orthodontic work as well as to maintain routine follow-up dental care during and after orthodontic work. The Responsible Party authorizes that the following was performed: Teeth were cleaned and cavities were checked for and restored, x-rays were taken of teeth and checked for cavities, shortened or resorbed roots, and impacted teeth, gums were examined for periodontal or gum disease, an oral-cancer screening was performed. There is no pain in the patient's jaw or any teeth.

FAMILY DENTIST: The general dentist should be seen on a regular basis during orthodontic treatment phase for cleanings and general check-ups and should be scheduled at least every six months at a minimum. This orthodontic contract does not cover dental services such as routine dental exams, cleanings, x-rays, extractions, oral surgery, fillings, periodontal procedures (frenectomy, gingivectomy, exposure & bond), or adjunctive dental procedures.

EMERGENCY CARE: Orthodontic treatment has very few true orthodontic emergencies. Written and oral instructions have been provided to the patient how to handle pokey wires and loose brackets. Dr. Popat is in-office Tuesdays, Wednesdays and Fridays to reattach loose brackets. Our wonderful orthodontic assistants are available Monday - Friday from 8am - 4pm to trim any pokey wires. After school appointments cannot be guaranteed for "emergency appointments" to reattach a new bracket as these appointments have been reserved 4-6 weeks in advance. We will try our best to accommodate your schedule.

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RE-TREATMENT: Patients have 6 months from the time their braces have been removed to restart limited orthodontic treatment at a reduced fee. Limited treatment includes the treatment of minor spacing and crowding from failure to wear retainers as directed and/or unforeseen growth. The fee for limited ortho re-treatment within 6 months of debond is \$250/month + \$200 for each clear retainer.

UPGRADED ORTHODONTIC PACKAGES:

VIP = \$750

Included one additional clear retainer(s) after orthodontic treatment¹, unlimited emergency appointments², orthodontic hygiene kit³, fluoride varnish program⁴, one in-office cleaning⁵

Platinum = \$1,000

VIP Package + Retainer Plan⁷

Pink Bow Tie = \$1,500

Platinum Package + unlimited broken brackets⁸, lifetime guarantee⁹, additional hawley retainers¹⁰ & guarantee after school appointments¹¹

- (1) Additional upper clear retainer for Phase 1 orthodontic treatment and additional upper AND lower clear retainer for comprehensive orthodontic treatment.
 - (2) Emergency appointments include pokey wires and loose expanders. Broken brackets are not considered emergency appointments.
 - (3) Orthodontic hygiene kit includes toothbrush, Platypus flosser samples, toothbrush and orthodontic wax.
 - (4) Fluoride varnish will be applied 2 times a year during orthodontic treatment to help remineralize teeth and reduce white spots due to poor oral hygiene.
 - (5) In-office cleaning once a year during orthodontic treatment at Madison Pediatric Dentistry. Orthodontic wires will be removed so we can professionally clean and floss between the teeth.
 - (6) Retainer Plan - Retainer Plan is good for 5 years after braces are removed. Unlimited number of clear retainers with a \$50 co-pay per arch and \$100 Hawley retainer per arch. Clear retainers are delivered within 72 hours and Hawley retainers are delivered in 3-weeks.
 - (7) Unlimited Broken Brackets - Regular treatment includes 3 broken/loose brackets. Each additional broken bracket is \$35 for metal and \$50 for ceramic. This upgrade waives the fees for replacing broken brackets.
 - (8) Lifetime Guarantee - In case of orthodontic relapse, there will be a \$250 down payment, \$200 per additional monthly visit (metal braces) + \$400 upper/lower retainers. Does not include other appliances that may be required. Clear aligners applicable if requested.
 - (9) Additional upper Hawley retainer for Phase 1 orthodontic treatment and additional upper AND lower Hawley retainers for Comprehensive orthodontic treatment. Fee for Hawley retainer without Pink Bow Tie package is \$350/each.
 - (10) Guarantee After School Appointments - Time reserved between 1pm-5pm on Tuesdays and Wednesdays and 1pm-4pm on Fridays for parents concerned about their child missing school during orthodontic treatment.
- No walk-ins please as appointments must be made in advance.

We reserve the right to dismiss any patient from our practice for non-compliance with orthodontic treatment, unfavorable online review, and inappropriate behavior in our office or on the phone.

If the Responsible Party elects to terminate this contract prior to completing the terms of this contract or the Responsible Party is placed into a collection status for non-payment, the responsible party shall be responsible for the \$750.00 de-banding fee. This fee shall be added to the unpaid portion of fees delineated by this contract. If the Responsible Party elects to forgo orthodontic treatment after records have been taken, the \$500 records fee is non-refundable.

Initials: _____



It has been explained to me that I am responsible for the entire treatment Fee, including any unpaid insurance balance. I agree to bring in any insurance reimbursements sent to me to be applied to my account. I acknowledge and certify that I have received and have read this contract and that I agree to the conditions set forth by this contract. I agree to pay Popat Orthodontics (Madison Orthodontics PLLC) the total treatment fees as delineated in this contract. In the event any payment is not made as required by this agreement, Popat Orthodontics may employ an attorney for purposes of collections and, in such event, the Patient/Responsible Party shall reimburse all reasonable costs, collection costs, including court costs and associated attorney fees incurred thereby.

By signing this, you understand and agree that it is our policy to scan original documents and store the documents in an electronic form. Further, you agree that any agreement bearing a scanned signature, which is printed from an electronic form, has the same force and effect as the original document.

Responsible Party Signature: _____ Date: _____

Responsible Party Printed Name: _____

Witnessed by: _____ Date: _____

CREDIT CARD AUTHORIZATION: Credit Card Authorization for broken brackets/appliances, missed appointments and extended treatment time. I approve Popat Orthodontic to charge this credit card for broken brackets/appliances, missed appointments and extended treatment time as outlined in the above agreement.

Patient Name: _____

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

CVV Code: _____

Billing Zip Code: _____

Signature: _____