

SANDHILLS ORTHODONTICS  
OFFICE PROCEDURES AND APPOINTMENT POLICIES

**Appointment times:** Since many of our patients are of school age, it is impossible to see all patients after school. We will make every attempt to accommodate your schedule, however, you may be required to alternate afternoon and morning appointments. Morning appointments may be required for placement or removal of braces or other lengthy procedures. Each patient's treatment is on an individual basis. Appointments may vary from 2-8 weeks apart.

**Broken Appointments:** An appointment for which the patient does not show up or calls less than 24 hours prior to the appointment time to cancel will be considered "broken" and will be charged \$50.00 after the first occurrence. If a patient is more than 10 minutes late, we reserve the right to reschedule the appointment. If an after school appointment is broken, you will not be offered any subsequent afternoon appointments. After three broken appointments, we reserve the right to discontinue treatment.

**Breakage:** If a bracket or band breaks or becomes loose, please notify our office. We may need to reschedule your appointment. A longer appointment may be necessary to do the repair. Continual breakage may cause a delay in treatment time. There is a charge of \$25.00 for each broken bracket or band after five occurrences.

**Cooperation:** To obtain the best possible result, it is important to keep regular appointments. Unsupervised orthodontics may cause harm to the teeth. The patient must avoid hard or sticky foods that will cause breakage. The gums and teeth must be kept clean to avoid cavities and permanent damage. Instructions for elastics and other appliances must be followed. If not followed, all of these items can cause a delay in treatment. If cooperation does not improve, we may choose to discontinue treatment.

**Your Dentist:** A cleaning and exam along with any necessary fillings must be completed before braces are placed. During treatment, it is your responsibility to keep regular 6-month check-ups with your dentist.

**Returned Checks:** All checks returned to us by your bank for Insufficient Funds will result in a charge of \$25.00 and is due immediately including the amount of your check. If more than two checks are returned to us, payments will then need to be made by cash, debit/credit card, money order or by certified check.

**Insurance:** As a courtesy, we will file your insurance. Today, we have verified your insurance eligibility. This does not guarantee payment of your benefit but only tells us that you are eligible today. If anything changes in the future, your benefits may be reduced or denied. Please notify us of any changes to your insurance. **We will estimate your benefits but if payments are ever denied or the company fails to pay its portion, you are responsible for the entire fee.**

I authorize use of my signature on and release of information for insurance submissions. I have read and understand the office procedures and appointment policies.

Patient Name \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_