

Patient Name: _____

APPOINTMENT POLICY:

Because we value your time, we'd like to again share with you our guidelines regarding our appointment scheduling process. We understand that our office is not the only stop on your list of important places to be in a day, and we'll do our best to honor your schedule. Our regular office hours are Monday - Thursday from 8:30am until 5:00pm. Summer Hours are Monday and Tuesday 8:30am until 4:30pm and Wednesday and Thursday 7:30am until 2:30pm from June until end of August.

We schedule long appointments, such as diagnostic records, appliance insertion and banding/bonding/repairs, during the quieter morning and early afternoon hours. Unfortunately, some school and/or work must be missed for these appointments. We can provide you with a printed school or work excuse at each visit. Once you are in active orthodontic treatment, we can see you for adjustments during after-school hours, or toward the end of your workday.

Because we take measures to respect your time, we ask that you do the same for us and our other patients. Due to the nature of our practice, many appointments are more than an hour long, and if cancelled at the last minute are difficult to fill. Please give at least 48 hours notice if you need to reschedule an appointment, to allow us time to fill that space with another patient. We understand that last-minute illnesses or emergencies occur, and we respond in kind if you need to cancel an appointment.

We request at least 48 hours notice for cancelled appointments. If you miss an appointment or provide less than 48 hours notice, there will be a minimum broken appointment charge ranging from \$50 to \$125, depending on the length of the appointment.

Thank you for your understanding.

INSURANCE POLICY:

Chira Orthodontics is not affiliated with any dental or medical insurance provider. If you have orthodontic benefits, we will provide you with a claim form that you can submit to your dental insurance company. The insurance company will reimburse you if a benefit is due to you, according to your policy.

If you have an orthodontic benefit with a dental insurance company or any other provider, we strongly encourage you to become aware of your specific benefits by contacting your insurance carrier. Doing this will allow you to plan for costs and payments, as well as avoid any unwanted financial difficulties when you begin treatment.

You, as the patient or parent, are ultimately responsible for any fees incurred at our practice. We are happy to work with you to maximize your orthodontic benefit and can provide you with a statement of services rendered. Please be aware that most insurance companies do not cover the initial exam or diagnostic records, so payment of these services are your responsibility. We accept cash, check, Visa and MasterCard.

Signature of Patient (Parent or Guardian if minor) _____ Date: _____