

OFFICE POLICIES

ORAL HYGIENE

* Patients are required to maintain an acceptable level of oral hygiene throughout orthodontic treatment. This is defined as teeth that are free from excess plaque and debris, and gum tissue that is free from redness and bleeding. Additional information regarding this is distributed at the start of orthodontic treatment
* Poor oral hygiene during orthodontic treatment is usually caused by excess plaque on the teeth between the braces and the gumline that in not being properly removed by the patient.
* Excess Plaque on teeth increases acidic content on the enamel of teeth which can cause decalcification (white spots) and cavities, as well as problems with gum health.
* Orthodontic patients are expected to brush their teeth 2 to 3 times each day (morning, afternoon, night) for 2 minutes each time, floss teeth once daily, and see their dentist every 3 to 6 months during treatment for regular cleanings and checkups.
* Oral hygiene will be assessed on patients at each visit using a scale of 1 to 5 with 3, 4, and 5 considered to be acceptable for maintaining orthodontic care.
* Orthodontic patients are expected to have clean teeth *when seated* for their appointment. Please notify a staff member upon arrival is the patient would like to brush prior to their appointment time.
* Continuous poor oral hygiene (scores of 1 or 2) during active treatment may result in discontinuation of orthodontic treatment, as determined by the doctor in the best interest of the patient.

COMPLIANCE AND BEHAVIOR

* Most orthodontic patients, during the course of their care, will be expected to perfom duties to assist in proper and timely orthodontic tooth movement. These duties include, but are not limited to, wearing elastic rubber bands, headgears, spring modules, retainers, and space maintainers.
* Patients not properly performing requested adjunctive duties may have compromised treatment results and/or lengthier than average treatment duration.
* Patients are expected to refrain from destructive behaviors that damage, break, bend, distort or alter their orthodontic appliances. These behaviors include, but are not limited to, eating hard and/or sticky foods, nail biting, chewing pencils or orther objects, or picking are braces with fingers, and/or tools.
* Excessive non-compliance may result in additional fees during treatment, poor treatment results and/or discontinuation of orthodontic treatment.
* Kind, courteous, and respectful behavior is a goal to be jointly shared between, patients, parents, doctors, and staff.
* Destructive, non-compliant, or disrespectful behaviors may result in early termination of orthodontic care.
* The most compliant patients will typically have the best orthodontic results.

PAYMENT AND PAYMENT PLANS

* It is our goal to offer affordable orthodontic care to our patients and families by offering a 0% interest payment plan. This is handled by a third party company, Orthobanc. The monthly payment will be deducted from the payment source of your choice, and will be deducted on one of four days of the month.
* Our office payment plan requires a down payment either at the start or prior to start of treatment and monthly payments, or payment in full either at the start or prior to start of treatment. We offer this as a courtesy to maximize affordability of orthodontic care, and it is unrelated to the length of treatment.
* Please respect the office payment policy and make timely payments. This will allow affordable options for years to come.
* The billing party is ultimately responsible for the total payment amount. If there are family arrangements for other people to pay on the account, it is the responsibility of the billing party to see these payments are made.
* If a payment is returned through Orthobanc, the company charges a fee. This is independent of our office, and we do not have the authority to reverse these charges. A second payment method on file is recommended to avoid this charges.
* Accounts past 90 days will no longer be eligible for the payment plan, and payment in full will be expected.
* All returned checks presented to the office will have a $30 return fee.
* Orthodontic insurance payments are sent either to the office or the subscriber at varying intervals, depending on the type of plan you have. Some insurances pay their benefits over a longer period of time. This can be unrelated to length of treatment. If insurance coverage is lost prior to the completion of treatment, the remaining balance will be the responsibility of the billing party regardless of if orthodontic treatment is completed or active.
* It is the responsibility of the billing party to notify our office as soon as possible to any changes or cancellations in insurance, to ensure continued coverage. Any related lost coverages will be the responsibility of the billing party.

APPOINTMENT ATTENDANCE

* Consistent appointment attendance is necessary for successful treatment. Irregular attendance limits the ability for the orthodontist to properly monitor treatment progress, desired tooth movement, and oral hygiene and will likely increase total treatment time beyond the original estimate. Excessive irregular attendance will result in early termination of orthodontic treatment.
* We require 24 hours prior notice for cancelled/rescheduled appointments. Missed, frequently cancelled, or broken appointments will be rescheduled during non-peak office hours or result in discontinuation of orthodontic treatment if it is inhibiting treatment progress.
* It is your responsibility to notify us of any changes in address, phone number, or other form of contact information as we use the most current information in our computer system to contact the responsible party. Failure to notify us of these changes may inhibit timely appointments and orthodontic progress, which could affect orthodontic treatment results.
* Office Escorting Policies and HIPAA forms require the regular attendance of the responsible party for treatment updates from the doctor and/or staff. We require the responsible party to be present at greater that 50% of appointments to maintain proper communication and updates of orthodontic progress. Please notify the office if issues arise in regard to this so proper communication can be maintained through treatment.

*I have read the Schuchert Orthodontic Office Policies, was given the opportunity to ask questions and have them answered, and I understand, accept, and agree to the stated policies and practices. I also understand, accept, and agree that failure to comply with the stated policies and practices listed above may result in discontinuation of orthodontic treatment, whereby Schuchert Orthodontics will strive to stabilize and retain the patient at their current state of orthodontic progress and/or provide the patient and responsible party with other orthodontic offices in the area as options to re-initiate or complete orthodontic care. In extreme circumstances whereby the patient and/or responsible party violates the above polices and practices in a manner that inhibits timely orthodontic progress and/or benefit, the treating orthodontist reserves the right to terminate the doctor-patient relationship.*

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*Patient (responsible party if under 18) Date*

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*Responsible party Date*

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*Witness Date*