

Paul L. Ouellette, DDS, MS  
Orthodontics for Children & Adults  
[www.affordablebraces.com](http://www.affordablebraces.com)  
1-800-76-SMILE

**FINANCIAL POLICY**

Patient: \_\_\_\_\_ Case Type: Phase I Interceptive \_\_\_ Phase II Comprehensive \_\_\_ Other \_\_\_

**This Financial Policy** is in effect for orthodontic treatment that will take up to 24 months or less of active treatment or for the designated treatment time in your written orthodontic treatment estimate. At the end of active orthodontic therapy there will be a **RETENTION PHASE** of treatment that will, in most cases, be a lifetime commitment. Everyone's teeth have the tendency to slowly relapse or return to or towards their original tooth positions. Long term **RETENTION** of the finished result is the patient's responsibility. Our office will provide periodic retainer check-up/adjustment appointments usually once or twice a year. The current fee for retention appointments is **\$45.00** per visit.

**MONTHLY PAYMENTS** must be received on or before the **10<sup>th</sup> day** of each month to avoid a **\$15/month** billing fee. We do not regularly send monthly statements to our patients. All accounts are placed on automatic recurring debit, credit or check payment plans. Our office also accepts personal checks, credit/debit cards, online payments and cash at the time of your visit. If you pay **CASH**, always ask for a receipt. In the event of an unapplied credit to your account, we cannot give you credit without your cancelled check, bankcard receipt, or receipt for a cash payment. Payment at your scheduled visits is acceptable if before the 10<sup>th</sup> of each month. Our computer system automatically generates late charges if you do not have your payment posted on or before the 10<sup>th</sup> of each month. We also accept bankcard payments by phone (321.453.7750). All payments should be made to either **Affordablebraces.com** or **Paul Ouellette, DDS, MS** and mailed to the following address:

**Affordablebraces.com**  
455 Magnolia Ave, Suite B  
Merritt Island, FL 32952  
321 453-7750

**ClearSmilesAtlanta.com**  
5685 Lake Placid Drive  
Atlanta, Georgia 30342  
404 252-2125

**FREQUENCY** of office visits has no relation to your case fee or your monthly payment. Each payment plan is personally customized to meet your financial obligation with our office. **SKIPPED OR LATE** monthly payments are subject to **\$15/month** billing fee.

**EXTENDED TREATMENT** beyond the maximum treatment time designated in your written treatment estimate is subject to additional fees. Most cases finish in the prescribed time. However, extended treatment time due to poor cooperation, growth problems, traumatic injury, en-erupted or impacted teeth, orthognathic surgery and any other unforeseen complication will be charged up to **\$150/month** until the case is completed. We strive to finish your orthodontic care as soon as possible. The orthodontic fee agreed upon at the start of treatment is the minimum flat fee. If we finish prior to 24 months there will be no discount of the agreed upon fees. In fact, we charge a higher fee for accelerated orthodontic treatment as we do when we provide surgical Wilckodontic orthodontic care (Periodontal Surgically Assisted Accelerated Orthodontics).

**IF SERVICES ARE TERMINATED** for any reason before the completion of treatment, the account will be adjusted and a just settlement determined, based on the amount of treatment completed. Accounts 90 days in arrears will result in breach of the orthodontic treatment agreement. At that time we reserve the right to withdraw from the case. You will be responsible for all earned fees, late charges and attorney's fees.

**SERVICES PROVIDED BY OTHERS** such as routine general dentistry, oral surgery, implant dentistry, laboratory services and other outside healthcare services are not part of your orthodontic treatment agreement.

**EXCESSIVE BREAKAGE OF ORTHODONTIC APPLIANCES** or loss of removable appliances or retainers is not covered in the contract fee. There will be fees for repairs or replacement to be determined at the time of the incident.

**IF ORTHODONTIC INSURANCE** covers all or part of the case fee; it may be paid directly to our practice or to the policyholder as agreed by each party. The **FINANCIALLY RESPONSIBLE PARTY** must pay whatever part of the account balance not paid directly to the practice by the insurance company. If the insurance company fails to pay benefits to our practice within 90 days the financially responsible party will be informed by our office. At that time the unpaid insurance balance will be transferred to your ledger. We will adjust your payment plan to reflect unpaid benefits.

**DISCOUNT INSURANCE PLANS** in most cases provide a 15% to 25% discount off our published fee schedule. As a rule our office charges a "flat" or "bundled" fee that includes one or more of the orthodontic services listed on our online fee schedule. When quoting a discounted fee our office computes the fee on "unbundled" or full fee for service basis with no professional discounts. For example, a Child Case may require the following services from our published fee schedule (*See Sections A –E at the [affordablebraces.com](http://affordablebraces.com) website fee link at bottom of homepage*): A: Initial Diagnostic Records Inclusive @ \$450; D: Comprehensive Treatment of Adolescent Dentition @ \$5200; E: Appliance(s) Removal, Construct & Place Retainer(s) @ \$850. The total fee before discounts would be \$6,500. A 25% fee reduction would make your final cost **\$4,875**. All other discounts or coupons would not apply to this type of insurance plan.

RESPONSIBLE PARTY(S) SIGNATURE: X \_\_\_\_\_ Date: \_\_\_\_\_