

**SHREWSBURY ORTHODONTICS, P.A.**

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**FINANCIAL AGREEMENT**

To make \_\_\_\_\_ orthodontic treatment as convenient as possible, the following budget plan is offered in order to spread out payments over several months This is not based on a per visit amount. It is simply spread over the length of projected treatment.

We give several different options for payment. If paid in full by 2<sup>nd</sup> visit we will extend a courtesy of \_\_\_\_\_% \_\_\_\_\_ off (less appropriate ins. amount) by cash or check OR \_\_\_\_\_% \_\_\_\_\_ off w/debit or Visa, Mastercard, Discover or American Express.

Total Case Fee - \$ \_\_\_\_\_ Metals (For clear brackets - add \$400 if upper & lowers) \_\_\_\_\_ X

Estimated Ins. \_\_\_\_\_ paid over length of treatment -determined by ins co.

Patient bal. \_\_\_\_\_

1<sup>st</sup> payment \_\_\_\_\_ 1 hour apt. RECORDS

2<sup>nd</sup> payment \_\_\_\_\_ 1 1/2 hour apt. TOP BRACES 9:00 thru 2:00 ( 1st 3 appts )

3<sup>rd</sup> payment \_\_\_\_\_ 1 hour apt. BOTTOMS ( 1 month after tops )

Balance due \_\_\_\_\_ w/ monthly @ \_\_\_\_\_ for \_\_\_\_\_ months & \_\_\_\_\_ final due

Fee good for 6 months from \_\_\_\_\_

WE ACCEPT VISA , MASTERCARD, DISCOVER AND AMERICAN EXPRESS- We can set up automatic payments with these also if requested We also participate with CARECREDIT. They offer up to 18 months interest free financing or 24 to 60 months with interest -We can assist with the application here in the office or you may apply online @ CARECREDIT.COM.

The above arrangement represents a budget to make payments easier. It is important to remember that payment is due every month whether or not patient is seen . ( For example : missed appt , vacation, ect)

**WE MUST BE ADVISED WHENEVER ANYTHING CHANGES WITH YOUR INSURANCE DURING YOUR TREATMENT. NOTE : 1% INTEREST WILL BE CHARGED ON ANY ACCOUNT 60 DAYS PAST DUE**

Monthly payment is expected on the day of the appointment or by end of month. If patient is not seen during the month , payment is expected by the 30<sup>th</sup> of the month. In some cases additional x-rays ( besides those taken at records appt. ) are required in order to successfully complete treatment and a small fee will be incurred as necessary.

The approximate duration of treatment may vary as actual treatment progresses. The total fee remains the same even if treatment is completed ahead of time . The unpaid balance then becomes due the day the braces are removed . In the event the balance is not paid before that date, debond will be delayed. The 1<sup>st</sup> retainers and retainer checks during the first year are included in the total fee. After the first year there will be a fee for retainer checks . There will also be a fee for replacing retainers.

Because many of our children have parents that live in different residences , we must hold the parent with whom the child lives responsible for that child. We are happy to provide the parent with an account statement so that he/she may be reimbursed by the other party. In cases of collection activity, sorry, but we must hold both parents responsible.

We have tried to make our financial policy as fair as possible. However, we are always willing to work with our parents to insure that they are happy and well informed. Please don't hesitate to discuss with us any part of our policy that represents a problem to you. We will always try our best to come to an agreeable solution.

**\*\* THERE IS A \$75 FEE IF PATIENT NO SHOWS FOR ADJUSTMENT / \$100 FOR APPTS 1 - 1 & 1/2 HOUR LONG \*\***

**APPOINTMENTS:** Orthodontic appointments are divided into two types: long and short. The long appointments last approx. 1 hour to 1 1/2 hours and must be during school hours up to 2:00. Thereafter ,we will accommodate your school / work schedule as often as possible.

**REGULAR CHECKUPS:** Orthodontic patients are urged to see their dentist every 6 months for their normal check -ups.

**BRUSHING / FLOSSING:** Poor brushing/flossing habits will cause an increase in cavities and even unsightly blemishes on teeth.

**EMERGENCIES:** We encourage all patients to contact the office any time an urgent situation arises, such as broken wire, loose band ect... If there is a true emergency and patient is in discomfort and can't wait till office hours the service can contact the doctor for further instructions.

I agree to the terms outlined above \_\_\_\_\_ Date \_\_\_\_\_