

# Jennifer Meader DMD, MS, PS

Because we at Dr. Jennifer Meader Orthodontics and you as the Responsible Party, both desire a successful course of orthodontic treatment, the following information is designed to be mutually beneficial to both the patients and our staff as policy issues arise.

## I. PAYMENT PLANS

- \_\_\_\_\_ There is a down payment towards your braces. Automatic payments are REQUIRED throughout the entire contract. You are expected to make your first monthly payment of \$ \_\_\_\_\_ the day treatment begins (the first appointment after the records are taken). A \$25 late fee will be assessed on any accounts with insufficient funds.
- \_\_\_\_\_ Accounts which become delinquent will result in the discontinuation of active treatment and put on health and wellness checks until the account is current. (Please see the "Financial Arrangements" form for further payment option information).
- \_\_\_\_\_ If you elect to transfer to a different orthodontist before treatment has been completed an additional fee will be added to your account for the cost of the duplication of records in addition to any fees due for services rendered based on the scale. All fees must be paid prior to transfer of records or removal of appliances.
- \_\_\_\_\_ Returned checks, declined credit cards or bank drafts will result in a \$35 charge to your account.
- \_\_\_\_\_ THE BALANCE OF YOUR ACCOUNT, INCLUDING PAYMENT FOR RETAINERS, IS DUE AT THE TIME BRACES ARE REMOVED.
- \_\_\_\_\_ Any cost associated with the collection of your contract will be paid by the responsible party.
- \_\_\_\_\_ An electric toothbrush is REQUIRED for good oral hygiene. One will be issued the day braces are placed at a cost of \$75 payable when received. If you already have an electric toothbrush you must bring it to your appointment when braces are placed so instructions can be given.

## II. OFFICE PROCEDURES AND POLICIES

- \_\_\_\_\_ Each patient's treatment is on an individual basis. Appointments vary from 1-12 weeks apart.
- \_\_\_\_\_ After school appointments are alternated with school time appointments, usually on a 2 for 1 basis. The patient's schedule will be accommodated if at all possible. Putting appointments off until a more convenient time could result in extended treatment time.
- \_\_\_\_\_ 48 hour notice is required to cancel an appointment. Missed appointments will result in a \$35 charge to your account, and can prolong treatment.
- \_\_\_\_\_ Lack of cooperation by the patient (such as poor brushing, excessive breakage, not wearing rubber bands and/ or headgear, and continually missing appointments), may result in prolonged treatment time and additional charges. Braces can cause permanent damage to the teeth without the care and supervision of an orthodontist. Cooperation by the patient is necessary to protect the teeth and gums from permanent damage. The patient/ parent are responsible for maintaining good cooperation and consistent appointment schedule in order to ensure that no damage occurs.
- \_\_\_\_\_ Excessive breakage of appliances will also result in the following fees" Broken brackets \$35 each after the third broken; all other appliances (i.e. Herbst, RPE, retainers, etc.) will result in fees based on current lab fees (usually between \$68 and \$288 depending on the appliance).
- \_\_\_\_\_ In order for the office to maintain an on time schedule we require that patients arrive at their appointments on or before the scheduled time. Patients more than five minutes late will be checked for health and wellness, and then rescheduled.
- \_\_\_\_\_ Phase One treatment: you have received a copy of the Two Phase information sheet explaining that future treatment may be required.
- \_\_\_\_\_ A cleaning exam, along with any necessary fillings, must be completed before we begin treatment. No fluoride treatment should be done within 14 days prior to placement of braces. It is your responsibility to keep regular six month check ups with your general dentist. These check-ups must include a thorough examination of the periodontium (gum tissues). Orthodontic treatment may be stopped at any time during treatment until general dental check-ups have been completed.
- \_\_\_\_\_ The patient's teeth need to be brushed before the orthodontic appointment. Tooth brushes are provided for those who have not brought their own.
- \_\_\_\_\_ Reports and written communications are regularly given to our patients on their regularly scheduled appointments. In the event you do not accompany your child, these documents will be given to the patient to be delivered to you upon your request.
- \_\_\_\_\_ I understand all State and Federal OSHA regulations are strictly adhered to.
- \_\_\_\_\_ I, as the responsible party, acknowledge that a staff member has gone over all the above information with me, and that I understand it completely.

\_\_\_\_\_  
Consultation Secretary

\_\_\_\_\_  
Date

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



**Dr. Jennifer Meader**  
**16006 Ash Way Ste. 102**  
**Lynnwood, WA 98087**  
**PH: 425-774-1124**

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

**Consent to Undergo Orthodontic Treatment**

I hereby consent to the making of diagnostic records, including x-rays photographs and impressions for models, before, during and following orthodontic consultation. I fully understand all of the risks associated with the treatment.

**Authorization for Release of Patient Information**

I hereby authorize the above doctor(s) to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has (have) no responsibility for any further release by the individual receiving this information.

\_\_\_\_\_  
Signature of Patient/Parent/ Guardian      Date

\_\_\_\_\_  
Witness      Date

I have the legal authority to sign this on behalf of

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

\_\_\_\_\_  
Relationship to Patient