



Patient Full Name \_\_\_\_\_

**Financial Policies**

We are committed to providing you with the best possible orthodontic care. We also would like to make the process of paying for your treatment as convenient as possible. In order to achieve these goals, we need your assistance and your understanding of our payment structure and policies.

- Concerning Financial contracts, this office allows (1) responsible party.
- We expect you as the responsible party to pay the monthly payment on the scheduled due date or according to the financial arrangements that we have agreed upon and approved in advance. No interest will be charged on this contract payment plan.
- Monthly payments will be automatically drafted from your checking account or credit card account.
- In the case of divorce or separation, the party responsible for the account prior to the divorce/separation remains responsible for the account. After a divorce/separation, the parent authorizing treatment and bringing the child to appointments will be the parent responsible for those subsequent charges. If the divorce decree requires the parent to pay all or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent. **It is a policy of this office to have one (1) contract per patient. WE DO NOT OFFER SPLIT CONTRACTS.**
- If your account falls **60** days delinquent, treatment will be suspended until either the account is brought current or other financial arrangements are made.
- If your account falls **90** days delinquent, a DISMISSAL letter will be sent to you by certified mail. This will terminate our responsibility to the patient. Further orthodontic treatment will have to be rendered by another orthodontist. However, if you find alternate financing and pay the entire unpaid balance, active treatment can be reinstated.
- In the event that this account is placed with a collection agency, the responsible party will be responsible for the collection of fees, reasonable attorney’s fees and court fees.
- **WE HAVE THE OPTION TO REPORT YOUR ACCOUNT STATUS TO ANY CREDIT REPORTING AGENCY SUCH AS A CREDIT BUREAU.**
- If you have orthodontic insurance coverage, we will submit a claim for services rendered and payments can be made directly to our office. It is your responsibility to inform this office of any changes to your insurance coverage. If for any reason your coverage is terminated, any amount left payable to this office will become your responsibility. Please remember that we bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance may pay, it is the insurance company that makes the final determination of your eligibility.
- We realize that temporary financial difficulties may affect timely payment of your account. If such difficulties do arise, we urge you to contact us promptly for assistance in the management of your account.

Thank you for choosing **Howell Orthodontics** and for the opportunity to be of service to you and your family.

**Individual responsible for financial account:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Patient ID #**

**Signature:** \_\_\_\_\_  
**Responsible Party**

\_\_\_\_\_  
**Date**