

# OFFICE POLICIES



**SLOSS & CARPENTER**  
**ORTHODONTICS**

We believe in providing exceptional orthodontic care to all of our patients. Our hope is that by providing you with the following information we can prevent misunderstandings to ensure you enjoy a positive experience. Please feel free to let us know if you have any questions or concerns by calling us at **(303) 799-7733** or by sending us an email at [info@sc-ortho.com](mailto:info@sc-ortho.com).

## EXPECTED PAYMENT

For your convenience an estimate for services which includes any expected insurance will be prepared in advance of your treatment to ensure you the opportunity to plan for your dental care. Payment is expected on the day that treatment begins. This may either be a down payment or payment in full.

INITIALS

## ORTHODONTIC INSURANCE

We are happy to file your orthodontic claims to assist you in receiving the full benefits of your coverage. If for some reason your policy is terminated during treatment or if your insurance company does not pay what was estimated, please realize you are ultimately responsible for any estimated insurance not paid by your insurer. If your insurance changes at any time during treatment, please notify our office so we can make the appropriate changes. In addition, if you add secondary insurance, please let us know so we can assist you receiving the full benefits of that coverage as well.

INITIALS

## PAYMENT OPTIONS

For your convenience we provide a variety of payment options to help you receive the quality care you need to enjoy a healthy and confident smile. We accept most credit cards including MasterCard, Visa, and American Express. We also accept flex cards, debit cards, and checks (including electronic checks by utilizing our ACH processing). Payment plans require a down payment, however, there are no additional fees for selecting a payment plan and payment plans are interest-free.

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## PAST DUE BALANCES

We appreciate you letting us know if your form of payment for monthly auto payments changes. If payment is declined, we appreciate you updating your information as soon as possible. If you have extenuating circumstances, please advise our Financial Coordinator so we can assist you in making alternative payment arrangements. We reserve the right to send delinquent accounts to collections.

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## CANCELLATIONS

Your scheduled appointment time is reserved specifically for you. If you are unable to keep your reserved appointment, we request that you please provide us with at least a 24-hour courtesy notice. Early notification ensures that we can offer you an alternative appointment that is more convenient to your schedule. It also allows us a sufficient amount of time to accommodate the needs of another patient. We realize emergencies do occur. If you are running late or you anticipate missing your appointment, please give us a call. If you arrive 10 or more minutes late, you may be asked to reschedule or wait for an opening.

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## CELL PHONES

You are welcome to enjoy our complimentary W-Fi here in the office. However, we do ask that you step outside the office for personal phone calls as a courtesy to our other patients, guests, and staff. If you are expecting a call during your reserved appointment please provide our office telephone number so we can assist you. We are happy to notify you if a call is received for you.

INITIALS

## INFORMATION CHANGES

To ensure your records are current, please notify us of any changes related to medical history, telephone number(s), email(s), address, or insurance information as they occur.

INITIALS

My signature indicates that I understand the policies as outlined and any questions I had have been answered.

SIGNATURE OF RESPONSIBLE PARTY OR PATIENT

DATE