



SERVICES PROVIDED

FEES

Initial Examination	\$ 20.00 (NOT ELIGIBLE FOR VOUCHER)
Orthodontic Records	\$300.00 (\$150 + 15 HOURS)
Upper Braces (2 appointments)	1) \$600.00(\$300 + 30 HOURS) 2) no charge
Lower Braces (2 appointments)	1) \$600.00(\$300 + 30 HOURS) 2) no charge
Minor Bracketing Upper/Lower	\$400.00/\$400.00 (\$200 + 20 HOURS)
Tooth Brush Check	\$20.00 (\$10 + 1 HOUR)
Additional appliances	\$_____
Separators	\$20.00 (\$10 WITH 1 HOUR)
Per Visit Charge	\$200.00/\$100.00 (\$100 + 10 HOURS)
Appliance removal & Records	\$300.00 (\$150 + 15 HOURS)
Fixed Lower 3-3 Retainer	\$300.00 (\$150 + 15 HOURS)
Removable pressforms	\$200.00 (\$100 + 10 HOURS)
Pressforms (replacement)	\$100.00 each (NOT ELIGIBLE FOR VOUCHER)
Retainer Check-Up	\$ 20.00 (NOT ELIGIBLE FOR VOUCHER)
Emergency	\$ 20.00 (NOT ELIGIBLE FOR VOUCHER)
After Hours Emergency	\$100.00 (NOT ELIGIBLE FOR VOUCHER)
Broken Brace Repair	\$10.00 (NOT ELIGIBLE FOR VOUCHER)
Bracket Replacement	\$5.00 each brace (NOT ELIGIBLE FOR VOUCHER)
Missed appointment (without notice)	\$10.00 (NOT ELIGIBLE FOR VOUCHER)

Additional Appliances include expanders, face masks, holding arches, etc. as needed for treatment.

UP TO 50% OF EACH OFFICE VISIT CAN BE PAID WITH A VOUCHER FOR COMMUNITY SERVICE WITH AN APPROVED ORGANIZATION REDEEMED AT \$10/HOUR. **ACCEPTABLE FORMS OF PAYMENT ARE CASH OR CREDIT CARD (WITH A 3% FEE). WE DO NOT ACCEPT CHECKS.**

Before the braces are put on the teeth, it is important to have a cleaning/check up. The charge for these services is not included in the above costs.

Most orthodontic treatment takes 2 to 2 ½ years. The amount of time depends on the difficulty of the problem and on the cooperation of the patient (including keeping appointments, wearing appliances and keeping them clean, and wearing elastics as instructed). Broken braces and missed appointments are likely to extend treatment time. Healthy teeth and gums are critical to successful treatment. Failure to maintain good hygiene, repeated breakage or failed appointments will result in the termination of treatment.

The above fees will be honored for six months in case of fee changes. The fees and policies have been explained to me and I agree to be responsible for the costs of orthodontic treatment for:

Patient Name _____

Responsible Party (Printed)

Signature

Date