



PRACTICE INFORMATION & FINANCIAL POLICY

Thank you for choosing Airway Orthodontics! We promise to provide you with excellent care and treat you with compassion and integrity. As we work together, kindly note the following practice information and financial policy: *

- **New Patient Information:** At each new patient visit, there will be a comprehensive exam. Then the doctor will review the clinical diagnosis and discuss all of your treatment options. Our treatment coordinators will then discuss all appointments, insurance and financial arrangements. When indicated, we will take necessary X-rays and photographs.
- **Radiographs (X-Rays):** CBCT is offered at our office. The i-CAT Cone Beam 3D Imaging System allows your orthodontist to provide quick, comfortable, and effective imaging for the most precise orthodontic diagnosis. Selected dental X-rays are recommended on an individual basis depending on risk assessment (pediatrics).
- **Routine Dental Check:** Excellent Oral Hygiene and plaque removal is a must. Poor Hygiene can result in not only poor oral health but also poor physical health. Routine dental check-up visits are generally scheduled 6 months ahead, some 3-4 months depending on the patient's needs.
- **Emergencies:** Unfortunately, dental emergencies do arise. We will make every effort to assess your emergency on the phone and make an appropriate appointment. Based on our experience and the type of emergency we can determine how urgently we need to see you. We also ask for your patience when we might be delayed in seeing you due to an urgent situation with another patient. In case of emergencies, please call our office to be directed to the doctor on-call.
- **Cancellation/Failed appointments fees:** Each appointment visit is especially reserved for the patient. We do our best to send courtesy appointment reminders via email, text, and by phone. But please advise your appointment is your responsibility. We ask that you give us a 48-hour notice if you need to cancel or reschedule. If you are going to be more than 10 minutes late, please be aware we might have to reschedule depending on available doctor time. We reserve the right to charge \$50-\$250 for any late cancellation or failed appointment depending on appointment type.

- **Patient co-pay/Deductibles:** As a patient/parent/legal guardian/guarantor, you are responsible for the cost of any treatment not covered by your dental benefits. The estimated copayment is due at the time of service. We will bill or refund you the difference after your insurance makes the final payment. Dental insurance rarely covers all fees; estimated or preauthorized insurance benefits are not guaranteed. The undersigned agrees to pay promptly on demand any balance not paid by insurance within 60 days after the date of service.

Patient Name *

_____	_____	_____
First Name	Middle Name	Last Name

Responsible Party Name *

_____	_____	_____
First Name	Middle Name	Last Name

Responsible Party Signature *

Date:

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