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Office Policy

We would like to take this opportunity to welcome you into our orthodontic practice. The goals of our office for each patient are: **Quality Service and Personal Attention.**

In order to achieve these goals we would like to present to you our office procedures and policies. Please read the following information carefully. If you have any questions, please feel free to discuss them with Dr. Langford or any member of our team.

FEES AND PAYMENTS:

The fee for orthodontic treatment is based on the specific diagnosis and treatment plan for the individual. The monthly payment agreement is **not** related to the number of times we see a patient in a given month. The time interval between appointments is usually 4 to 8 weeks. Even though we may not see a patient in a particular month, payment is still expected for that month. Your monthly payment will be due on the assigned day of each month, and will be considered past due if not received by the end of the month. ***In the event the account becomes seriously delinquent and has to be collected, the undersigned agrees to pay all collection, court and attorney fees. There will be a \$20.00 charge on all returned checks.*** We reserve the right to charge late fees and/or interest for payments that are behind schedule. Continued non-payment will result in cessation of treatment.

INSURANCE:

As a courtesy to our patients, we will file all insurance claims and accept assignment of dental benefits. However, please keep in mind that even though you may have insurance coverage, you are ultimately responsible for the entire fee. **Should coverage change for any reason, you will then be responsible for any unpaid balance.**

PROBLEMS:

Due to our commitment to staying on schedule, ***please contact our office if there are things loose or broken.*** This will allow us to allocate adequate time for the necessary repairs to be performed. *If you fail to let us know that things are broken, we may not have the time necessary to fix the problem, and it will be necessary to reschedule.*

Loose, damaged and broken appliances extend the treatment time considerably. Please take care of the appliances. **When a patient has repeated appliance breakage or damage, a \$25.00 fee will be assessed.** Continued breakage could lead to the appliances being removed before treatment is completed.

COOPERATION:

This is the single most important factor in a successful orthodontic treatment! Patients who do not brush their teeth adequately and/or don't follow instructions properly will have a very unpleasant experience with orthodontics and **will not get a good treatment result.** We will do everything possible to encourage the patient's cooperation. If there is a demonstrated lack of cooperation after all of our encouragement, a compromised treatment result will be unavoidable. We are committed

to keeping the teeth healthy throughout treatment. The braces will be removed if hygiene becomes a serious problem.

SCHEDULING APPOINTMENTS:

Everyone has busy schedules and has a preferred appointment time. We do understand. However, it is impossible to see all patients at their preferred time each and every appointment. We have set up a scheduling policy to try to meet the needs of the majority of our patients:

All long appointments (putting braces on, taking braces off, delivering appliances) will be scheduled during the morning hours (between 9-12). This frees up the entire early morning (8:15-9) and afternoon (2:15-5) for quick appointments. Since the majority of your appointments will be quick (15 minutes), we feel this will keep the scheduling conflicts to a minimum. We will work with you the best that we can to meet your scheduling needs. We thank you for your understanding.

Our goal is to see you at the time that you are scheduled and to have you on your way in a timely manner. To help us in accomplishing this, we ask that you call our office if you are running late. This will help us to prepare accordingly, or to reschedule if necessary. Without notice, we cannot guarantee that we will be able to work you in. Also, if you find that your appointment time will not work for you, we ask that you call our office at least 24 hours in advance and reschedule or cancel your appointment. **Frequent missed appointments will increase treatment time and will result in additional fees being assessed.** Should you have an emergency arise, please call our office and we will do our best to work you into our schedule for that day.

**It is very important that you read and understand all of the above information. If you have any questions, please feel free to discuss them with us. We assure you that we will do everything we can to make orthodontic treatment a pleasant and worthwhile experience.

We have read and understand the office policy as outlined above and agree to adhere to these policies

Patient

Date

Responsible Party

Date

***I have had the opportunity to read this office's Notice of Privacy Practices and to ask questions about these practices.

_____ Date: _____