



RICHARD D. ALSTON
DDS · MSD

Practice Limited to Orthodontics

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ORTHODONTIC TREATMENT CONTRACT

Patient's Name: _____ Date: _____

Responsible Party: _____

Treatment Type: Comprehensive (One Fee) Phase I Phase II Limited TMD

1. Orthodontic Treatment Fee	\$ _____
2. Less (Paid in Full Discount)	\$ _____
3. Adjusted Total Fee	\$ _____
4. Initial Payment	\$ _____
5. Balance	\$ _____

It is agreed that the Unpaid Balance (#5 above) will be paid in _____ installments of \$ _____, each due the 15th day of each month starting in _____ and continuing each month until the account is paid in full. **A reprocessing fee of \$10.00 will be assessed to accounts that are delinquent more than 15 days.** We wish to stress that the frequency of office visits has no bearing on the monthly payment and thus, the monthly payment schedule does NOT correspond to the service received that month. The payment schedule is merely a convenient way to meet your total financial obligation.

A SECOND PHASE of active treatment WILL be required WILL NOT be required MAY BE required. The fee for the second phase of active treatment will be determined at that time.

Your Orthodontic Treatment Fee includes all appliances, braces and office visits required to complete your planned treatment in our office. It also includes one set of retainers and retainer adjustments for 24 months following active treatment. **Replacement of lost or broken retainers will require additional charges.** The fee does not cover any work done at any other dental office outside this practice. General dental care, checkups, and cleanings are the responsibility of the patient and the general dentist. We recommend that you see the general dentist every 4 months during the orthodontic treatment.

I Understand the Following:

- The account balance must be paid in full before appliance removal.
- There is a \$20.00 fee charged to the account for any returned checks (insufficient funds).
- Delinquent accounts will be assessed a \$10.00 monthly fee until the balance is current.
- Active treatment will be halted if the account becomes 2 months past due.
- A collection agency will be employed to collect overdue accounts and the collection fee will be charged to the patient account. Credit agencies will be notified of delinquent accounts.
- We will not accept third party payments (insurance companies or government agencies).
- Our office reserves the right to charge for lost or broken appliances as needed.
- Broken appointments will be charged \$10.00 each after the second occurrence (<24 hour notice).
- In the event of transfer out of the practice, the initial fee will not be refunded, regardless of progress or number of braces placed. The account balance will be pro-rated and settled accordingly.

I, as the FINANCIALLY RESPONSIBLE PERSON for this account, certify that I have read this agreement and that all treatment decisions and alternatives have been explained to me.

Signature of Responsible Party

Date

Social Security Number



Member American Association of Orthodontists