

THE ORTHODONTIC EXAMINATION APPOINTMENT

To help you keep informed of our office routine and policies we have prepared this information sheet.

Following is the sequence necessary for the initiation of orthodontic treatment:

EXAMINATION:	A visual examination is conducted and a general explanation is given concerning conditions present, the various possibilities concerning treatment, the expected treatment time and an estimation of the treatment fee.
	FEE: \$40.00 - \$80.00 \$80.00 for jaw joint problems
RECORDS AND TREATMENT PLANNING	Before any treatment can be started it is necessary to obtain certain x-rays study models and photographs. These enable the orthodontist to predict growth in children or see in what direction growth has occurred in adults, to evaluate space available to correct the problem, to measure the relationship between the upper and lower jaws and to evaluate bone structure, roots of teeth, jaw joints and the effect of muscle function.
	FEE: The fee for this service ranges from \$400 - \$525 depending on the records that are required for a more thorough diagnosis of the particular problems being analyzed. If special jaw joint x-rays are required the fee will be \$575.
CONSULTATION	This appointment is scheduled if it is felt that a more thorough explanation is required or if more time is needed for questions and answers. A detailed evaluation will be presented including the most appropriate treatment sequence. An estimate of the treatment time and treatment fee will also be given.
FINANCIAL ARRANGEMENTS	Once a decision to start treatment has been made, the choices for financial arrangements are discussed so that a mutually acceptable payment schedule can be formulated.

SCHEDULING INFORMATION

Dr. Hugh W. Lamont Inc.

Most people seeking orthodontic treatment have other important obligations during the day, usually involved with work or school. We have devoted considerable time and effort into designing our scheduling system so that it is a win/win situation for you the patient as well as for our practice.

First, we want to see you **on time** for each of your appointments. Second, we want to have **adequate time** during each appointment to perform the necessary procedures scheduled for that day. Third, we wish to **answer any questions** you may have and update your treatment progress.

In order to reach the goals we have set for our scheduling system, we have developed the following guidelines for your information:

- We make every effort to stay on schedule as we know your time is valuable just as ours is.
- **It will be necessary to schedule appointments during school or work hours.**
- Because the schedule is carefully arranged, your late arrival may pose a problem for those already scheduled that are on time. We, therefore, might need to reschedule your appointment or simply complete a partial adjustment at that time.
- Some appointments are blissfully short. During your treatment there will be times when adjustments can be done quickly even when they are very technical.
- **If you find you cannot keep an appointment, please call the office at least 48 hours in advance. This is critical!** It will give us the opportunity to schedule someone else in that time slot.
- **A \$25 fee will be levied for the 1st missed or cancelled appointment without the minimum 48 hours notice. This fee increases to a \$50 fee for the 2nd missed appointment and a \$75 fee for the 3rd missed appointment.** This may seem harsh, but our only other option would be to increase the entire fee for everyone by the average value of missed appointments in the entire practice. Since we expend much time and effort to utilize treatment techniques that save you time and reduce the frequency of visits, each appointment is extremely important. Please understand that missed or cancelled appointments increase the cost of treatment for everyone and no one appreciates having to subsidize other peoples' missed appointments.
- We try to see emergency appointments as soon as possible. Please call and schedule an appointment rather than just dropping in.
- Please realize that missed appointments or numerous appointment changes most definitely extend treatment time and may result in damage to teeth and gums due to a lack of supervision of the braces and associated tooth movement. Increased orthodontic fees could be necessary to complete the planned treatment to the original goals.

Since appointments are scheduled 4-6 weeks in advance, a rescheduled appointment will often not be available for a month or more. Your cooperation and understanding is appreciated.

Dr. Hugh W. Lamont Inc.

INFORMATION REGARDING DENTAL INSURANCE

We are happy to assist you in claiming orthodontic benefits to which you may be entitled under your dental insurance policy. To facilitate processing your claims we will provide the following for you.

CLAIM FORM. We will prepare a Certified Specialist in Orthodontics Standard Information Form approved by The Canadian Association of Orthodontists for you to submit to your insurance carrier. Information on this form will include:

- A description of the malocclusion and the proposed treatment
- Estimated cost of treatment and the fee breakdown
- Additional comments that may be required

Please complete the patient information section on the Top Right corner of the claim form and forward this to your insurance carrier. You may forward any receipts that you have at this point as well. You will only need to send this form once. Please inform us if you have two or more insurance policies. Please do not send a Dental Claim Form.

The following points are important:

1. Be sure to complete the patient identification section of the form in the top right hand corner.
2. Please know what your benefits are before you begin treatment. If you are not certain of your coverage, please contact your carrier or your employer's human resources department so that you are aware of the amount of coverage due to you and when to expect reimbursement.
3. You are responsible to the orthodontist for all services rendered. Your payment is to be made directly to Dr. Hugh W. Lamont Inc. and your insurance carrier is responsible for reimbursing you directly. The proof of payment your insurance carrier requires is the receipt that is issued when a payment is made.
4. When submitting receipts to your insurance carrier please indicate your group number, the policy holder's number and social insurance number, the dependent code of the patient, and the full name and address of the patient on the back of each receipt. This will help your insurance carrier process your claim quickly.
5. Receipts should be submitted monthly or bi-monthly to your insurance carrier as most insurance companies will not honour claims more than 6 months from the date of service. If the entire treatment fee is pre-paid, the insurance company may only reimburse you as treatment is done.

Please feel free to contact us if you need assistance in claiming your benefits.