

Smile Frederick Orthodontics

We strive to provide the best possible care according to the guidelines set forth by the American Association of Orthodontics.

These recommendations are to include, but not limited to:

*Oral examination/ Diagnostic Records

*Treatment Plan recommendations

*Excellent Orthodontic care

Appointments – 24 hours' notice is required to cancel appointments. Missed appointments and same day Cancellations will be assessed a \$50.00 fee, payable immediately. We understand conflicts occur; however, the more notice given, the better chance we have to appoint another patient in need of care.

All Patients – The office will allow **2 no show/ same day cancellations**. Any missed appointments thereafter, will be subject to a fee of \$50.00 per appointment. In order to complete treatment in a timely manner, it is essential to attend recommended appointments for necessary adjustments. After 3 consecutively missed appointments, either missed or non-scheduled); the office will provide emergency/ maintenance appointments, only until treatment is discontinued.

Assignment of Benefits – The practice will accept assignment of benefits **IF** all pertinent information is provided prior to the appointment and the insurance company will accept assignment of benefits to the dentist.

Patients with Insurance – It is your responsibility to confirm your eligibility. If at the time of service, you are not eligible for benefits, you will be responsible for all charges. **IT IS YOUR RESPONSIBILITY TO KNOW YOUR OWN COVERAGE.**

As a courtesy, we file your insurance claims. Insurance companies do not guarantee any payment until they receive the claim, review it, and process it according to their specific policy terms. In the event that your insurance company rejects payment or discontinues payment during the course of your orthodontic treatment, the balance will be transferred and your financial contract will need to be renegotiated to include any unpaid insurance balance.

Payments Methods – We accept cash (**Initial Banding Fee only**). All monthly payments will be in the method of Auto Pay directly from your financial institution or credit/ debit card only. Care Credit and 0% in office financing are also available. The name OSI (OrthoSynetics, Inc.) will appear on your bank statement and not 'Smile Frederick Orthodontics'. All payments are due by the 15th of every month and are considered late after the 20th of the month. **A late fee of \$25.00 will apply.**

**OrthoSynetics, Inc.
P.O. Box 660435
Dallas, Texas 75266-0435**

OrthoSynetics Patient Financial Services Team - Are a leading provider in services for the orthodontic field and are currently assisting our patients with their financial needs. OrthoSynetics are able to process checks and credit card payments over the phone to assist you in clearing any past due balances. Throughout the course of your treatment, you may contact OrthoSynetics at **(800) 255-1016** between the hours of 7a.m. and 7p.m. CST, regarding financial questions you may have. Late payments should be made directly to OrthoSynetics; however, payments can also be made in our office.

Online Payments – You may also make payments using our website, www.4yourservice.com. To access your Account, you will need to provide your social security number and e-mail address.

Phone Payments – Phone payments are made by calling (800) 255-1016 using your checking/ savings or credit/ debit card. These payment will be electronically processed free of charge.

Cash Payments – Cash payments can be made at our local office location. Non-sufficient funds service charges may also be paid in cash.

Discount – A **5%** discount is available if your contract is paid in full within 90 days of signing your contract. A **5%** sibling discount is offered to additional family members.