



**Daniel M. Torres, D.D.S.**

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### Office Policies and Procedures

We as your Orthodontic Office and you as the Responsible Party both desire a successful course of orthodontic treatment. The following information is designed to be mutually beneficial to both the patients and our staff as policy issues arise.

### Financial Plan Policies and Procedures

- \_\_\_\_\_ The **1<sup>st</sup> payment** towards braces is due at the time your contract is generated. Thereafter, **monthly fees will bill out the 1<sup>st</sup> of the month and are due by the 23<sup>rd</sup> of the month in order to avoid a late fee of \$25. Also, please be aware in the event of a returned check there will be a \$35 returned check fee.**
- \_\_\_\_\_ Accepted payment methods include credit/debit cards, cash, check, money order. Payments can be made by phone, in person, or online at [www.drtores4braces.com](http://www.drtores4braces.com). Payments in advance are accepted as well.
- \_\_\_\_\_ Accounts dismissed due to discontinuation of treatment or transfer from our practice will incur fees for services rendered. All treatment fees, including retainer fees, are due at the time treatment is discontinued with our office. Please be informed as the responsible billing party you will be responsible for the financial account status including collection fees.
- \_\_\_\_\_ Each patient's treatment is on an individual basis. Appointments vary from 4-12 weeks apart.
- \_\_\_\_\_ A 24-hour cancellation notice is required. **Missed appointments** will result in a **\$25** charge to your account.
- \_\_\_\_\_ Dental coverage including Insurance/Discount plans must be presented prior to contract agreement.
- \_\_\_\_\_ It is our priority to assist you with any questions or concerns regarding your account. Please contact our **Financial Supervisor, Julie Meza**, if your account requires attention so arrangements can be made within a timely manner.

### Treatment Plan Policies and Procedures

- \_\_\_\_\_ Lack of patient cooperation; for example, poor brushing, not wearing rubber bands and/or headgear, and continuously missing appointments may result in prolonged treatment and additional charges. Please be aware...**Braces can cause permanent damage to teeth without continuous care of an orthodontist and proper patient cooperation. Regular dental checkups with your general dentist is a MUST!**
- \_\_\_\_\_ Due to limited seating, we ask that patients be accompanied by only 1 family member or friend.
- \_\_\_\_\_ Cellular phones must be Silent, NO Vibration beyond waiting area.
- \_\_\_\_\_ Reports and written communications are regularly given to our patients during their appointment.
- \_\_\_\_\_ **All patients MUST STOP at the window to schedule their next appointment.**
- \_\_\_\_\_ I understand all State, Federal, and OSHA regulations are strictly adhered to.

I, as the responsible party, acknowledge that a staff member has gone over the above information and answered any questions I may have had.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date



\_\_\_\_\_  
Staff Signature