

Fee Structure

Welcome to The Orthodontic Place

The following information is for your benefit in understanding how the financial side of this practice is structured.

Your initial consultation will be \$95. Payment is due at the time of consultation. If a second consultation is needed or a review appointment is scheduled, there will be no charge until orthodontic treatment is ready to be started.

Additional records such as study models or photographs will attract an additional fee, which will be discussed with you.

We offer different payment plans depending on the type of treatment proposed to you. This payment plan will be explained prior to commencing treatment.

It is the policy of this practice that you are provided with a quote for any treatment prior to commencing treatment. The quote will outline the item numbers for health fund rebate purposes and the fees associated with your treatment.

Payment options: Cash/ Cheque/ Credit Card/ EFTPOS

I agree that I will pay my account on the day of my treatment or unless pre-arranged with the orthodontist.

I agree to pay all your legal and debt collector's costs and expenses incurred by you in attempting to recover the overdue amount.

Name _____ Signature _____ Date _____

We Respect Your Privacy

In order to provide you with the highest standard of dental care, this practice is required to collect personal information from you. This information covers basic details such as your name, address and telephone numbers, but it is also necessary to obtain from you details regarding your general health and past medical or surgical events. Without this general health picture, we are unable to plan your care properly.

Naturally, some of this information is of a personal nature and some of it might be regarded as 'sensitive' and not the sort of information that you would wish to be unnecessarily disclosed to others.

We value the need to safeguard this information and, in accordance with the principles laid down in privacy legislation and the guidelines issued by the Australian Dental Association, we would like to assure you that:

- This information will only be used by the orthodontist in order to deliver your care to the highest standards.
- It will not be disclosed to those not associated with your treatment, without your express consent.
- We may disclose your health information to other health care professionals involved in your treatment, including specialists we may refer you to, or require it from them, if, in our judgement, it is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimized wherever possible.
- You may seek to access the information held about you and we will provide this access without undue delay. This access might be by inspection of your dental records, or by special access or copying of information.
- Statutory fees will apply in relation to the type of access you seek. If you request an explanation of our records or a written summary, our usual fees apply to these services.
- We will take reasonable steps to ensure at all times that the details we keep about you are accurate, complete and up-to-date.
- We will take reasonable steps to protect this information from misuse or loss and from unauthorised access, modification or disclosure.

If you have any questions regarding the information we collect from you and hold in your dental records, please do not hesitate to raise these concerns. We are acting in your interests at all times.

Please sign below as confirmation you have read and understood our privacy policy, and consent to the use of your health information in this way.

Name _____ Signature _____ Date _____