

## Manders Dental Center Financial & Refund Policy

Our Staff here at Manders Dental strive to offer the best quality dental care to all of our patients. However, we do understand that there are unforeseen circumstances that may arise that will interrupt your dental treatment. We encourage our patients to talk to our staff to personalize a treatment plan that will best work for you. Please read the following policy, carefully, initial, sign and date.

### Self- Pay Patients

I understand I am responsible, at the time of service, for all expenses incurred during my office visit. Manders Dental accepts cash, checks, money orders, all major credit cards, and also CareCredit as forms of payments. Initials \_\_\_\_\_

### Insurance Patients

I understand that my co-pay is due at the time of my appointment. Manders Dental will file your insurance claim as a courtesy to you; however, your insurance is a contract between you and the insurance company, and ultimately you are responsible for all charges that occur. Initials \_\_\_\_\_

### Refund Policy

If Patient decides to discontinue treatment at any time, Manders will refund any amount paid for the treatment you did not receive, except when Manders Policy for interrupted services\* applies. All refunds will be processed back to the original form of payment, except cash payments will be refunded by check. Upon request of refunds, Manders will confirm all payments have been cleared and will issue your refund within 10 business days. Initials \_\_\_\_\_

### Collection Process

I understand that my account balance must be paid within 90 days of the occurring charges (Excluding all payment arrangements). Any balance unpaid after 90 days will be referred to and outside collection agency, and I will be responsible to all processing fees deemed by the collection agency. I further understand that I will not be allowed to schedule any further appointments or seek treatment with Manders Dental until the balance has been paid in full. Initials \_\_\_\_\_

**\*Interrupted Services include but are not limited to: If patient decides to discontinue treatment, patient will be refunded accordingly and will be given a prorated portion of monies paid for the use of: Doctor's time, Lab time and Materials used.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

## **Manders Dental Center financiera y política de reembolso**

Nuestro personal aquí en Manders Dental se esfuerzan por ofrecer la mejor atención dental de calidad a todos nuestros pacientes. Sin embargo, entendemos que hay circunstancias imprevistas que puedan surgir e interrumpir su tratamiento dental. Animamos a nuestros pacientes a hablar con nuestro personal para personalizar un plan de tratamiento que mejor funcione para usted. Por favor, lea la siguiente política cuidadosamente al final de este formulario.

### **Pacientes que pagan**

Yo entiendo que soy responsable, en el momento del servicio para todos los gastos incurridos durante mi visita al consultorio. Manders Dental acepta dinero en efectivo, cheques, órdenes de pago, las tarjetas de crédito, así como CareCredit como formas de pago

Inicial \_\_\_\_\_

### **Pacientes Con Seguros**

Entiendo que mi co-pago es debido en el momento de la cita. Manders Dental presentar su reclamación de seguro como una cortesía para nuestros pacientes, sin embargo el seguro es un contrato entre usted y la compañía de seguros y en última instancia, usted es responsable de todos los gastos que se producen.

Inicial \_\_\_\_\_

### **Política de devoluciones**

Si el paciente decide interrumpir el tratamiento en cualquier momento, Manders le reembolsará ninguna cantidad pagada por el tratamiento que no recibió, excepto cuando se aplique la política Manders los servicios interrumpidos \*. Todos los reembolsos serán procesados de nuevo a la forma original de pago, salvo en los pagos en efectivo se reembolsarán mediante cheque. A solicitud de reembolso Manders confirmará todos los pagos se han limpiado y se emitirá el reembolso en el plazo de 10 días hábiles.

Inicial \_\_\_\_\_

### **Proceso de Cobro**

Entiendo que mi saldo de la cuenta deberá ser pagada dentro de los 90 días de los cargos que se producen (se excluyen los acuerdos de pago). Cualquier saldo pendiente de pago a los 90 días serán enviados a agencia, de colección y será responsable de todos los gastos de procesamiento, a juicio de la agencia de cobranza. Además, entiendo que no se me permitirá programar las citas adicionales o buscar tratamiento con Manders dentales hasta que el saldo se haya pagado en su totalidad.

\* Los servicios interrumpidos incluyen pero no se limitan a: Si el paciente decide interrumpir el tratamiento, el paciente que será devuelto y se le dará una porción prorrateada de dinero pagado por el uso de: el tiempo del médico, el tiempo y los materiales utilizados Lab.

Sign \_\_\_\_\_ Date \_\_\_\_\_

# IMMEDIATE DENTURE

## **What's an immediate denture?**

An immediate denture, sometimes called a temporary denture, is a denture that is placed immediately after extractions.

## **What are the advantages of an immediate denture?**

The immediate denture provides the patient with teeth, immediately, preventing the patient the embarrassment of going without teeth for several months as the patient's tissues are healing. The denture also acts as a bandage enclosing blood helping to prevent dry sockets. However, there is nothing that can totally prevent dry sockets.

## **What are the disadvantages of an immediate denture?**

Unlike a conventional denture which has several steps including a try-in stage before the denture is processed/made, the immediate denture normally has one step before processing which is taking the impression. The common issues are:

- Malign teeth (teeth may be off centered)
- Ill-fitting denture (denture may be loose)
- More adjustment needed

## **What to expect when wearing an immediate denture?**

There are sometimes complications with immediate dentures as there are with conventional dentures. You will have to have multiple adjustments. You may need a soft or tissue condition relines. After 6 months to a year, you may have to have the dentures relined with a hard relines. Worst case, you will have to redo the denture..

**As dentures are a great way to replace teeth, they all have some complications.. Each patient is different, and unfortunately, a dentist can not tell how many adjustment you may need or how much shrinkage you will have after extractions. The patient will be responsible for more than three adjustments, any relines, and the lab cost to redo a case do to healing.**

**I acknowledge that I read this letter and understand its contents.**

\_\_\_\_\_ **Patient Signature**

\_\_\_\_\_ **Witness Signature**

## Denture Reline

### **What is a denture reline?**

A denture reline is replacing the lining of your previous denture to a new lining to fit your gums and help to provide a tighter fit; however, the doctor has no clue on how tight that fit would be or if the fit would become any snugger.

### **Why there is a need for relines?**

As you wear dentures, your bone will shrink causing a space between the denture and your gums. This especially happens when you have an immediate denture. After the extractions of your teeth when doing an immediate denture, your tissue and bone will gradually shrink up to 60% during the healing phase causing your denture to become ill-fitting. A reline is needed.

### **What are the available relines?**

There are two types of relines used, which are soft and hard relines. A soft reline is normally used after extractions and an immediate denture is placed. This reline is used prior to a hard reline and is replaced by a hard reline after the healing process. A hard reline is placed when a denture feels loose/ill-fitting. A hard reline is usually placed several months after extractions are done when doing an immediate denture.

### **By doing a reline, am I guaranteed that my denture will fit snug and there will be no need for adhesive?**

No! As doing a reline may help the fitting of a denture, it is not guaranteed that it will totally prevent you from having to use adhesive or making your denture fit tighter. This is all depending on the amount of bone that you have remaining for support.

### **Does a reline change my bite or overall look of my denture?**

No! A reline is only used to change to fit as it relates to your gums.

### **Am I responsible for payment of any of my relines?**

Yes! The doctor is not responsible for the shrinkage of your tissue and does not know the amount of shrinkage that you may have. Relines are determined by the patient's shrinkage of bone/tissue.

**I acknowledge that I read this letter and understand its contents.**

\_\_\_\_\_ Patient Signature

\_\_\_\_\_ Witness Signature

## Denture Wax Try-In Approval

### What is a wax try-in?

When fabricating complete/partial dentures, a wax try-in is the stage where teeth are set in wax prior to complete processing for viewing. At this stage, the doctor and patient can view the denture for any possible new changes before completion of the denture. They are able to check the patients bite and overall look of the denture.

### Do the teeth move during processing?

No! Once the doctor and you have agreed on the overall look of the denture and your bite, the denture is delivered to the lab for processing. The lab will make no changes unless instructed by the doctor and you. **PROCESSING DOES NOT MOVE THE TEETH.**

### How important is the stage?

This is the most important stage in the preparation of dentures. This is the stage where you have the opportunity to customize your denture. However, this stage is missed when fabricating an immediate denture.

I, \_\_\_\_\_, have had a chance to view my new denture at the wax try-in stage. I understand that this is the stage where I can ask for changes to be made. I like the shape of my teeth, the color of my teeth, and the overall look of my teeth. I approve this denture for processing. I do realize that after completion, and if I decide that more changes need to be made after completion, I am responsible for the lab cost for the new changes.

**I acknowledge that I read this letter and understand its contents.**

\_\_\_\_\_ Patient Signature

\_\_\_\_\_ Witness Signature