

To Whom It May Concern:

Thank you for expressing an interest in receiving orthodontic treatment at the University Of Maryland School Of Dentistry. We are happy to provide you with the best orthodontic treatment currently available. A brochure is enclosed which explains our program. Our University is a teaching institution and sometimes we select patients based upon certain criteria specific to our academic needs. To see if you/your child qualifies for treatment, the Department of Orthodontics conducts a **screening evaluation** for potential patients. In order for us to schedule the initial evaluation, we need the following returned to us:

- **Yellow registration form (enclosed)**
- **Credit Report Application (enclosed)**
- **\$20 Check or Money Order (do not send cash)-Make payable to UMFDSPA**
 - o **Please note, if the patient is under age 21 and is covered by Maryland Medical Assistance, this payment is not required**

When we receive the **completed forms and payment**, you will be contacted to schedule a **screening** appointment. If accepted for treatment, you/your child will be assigned to a postgraduate orthodontic resident under the supervision of a faculty member. Once the screening process is complete, our patients are appointed with the **same resident and faculty member** throughout treatment. This ensures the best possible care for our patients. This requires **all** appointments to be on the **same day and time period each month**. Some of our faculty have more availability than others. Appointments are scheduled **Monday-Friday**. **It is important that you consider these scheduling requirements before you commit to treatment at the University.**

Also, you must be under the routine supervision of a general dentist and be in good dental and general health.

Please be sure that all information is accurate and complete on the **Yellow Form and the Credit Report Application**. **All forms must be signed**. Please include any dental insurance information, as well as a copy of your dental insurance card. All forms, dental insurance information and the \$20 check/money order should be mailed to:

**ASE Orthodontic Department
University of Maryland School of Dentistry
Attn: Patient Care Coordinator Room 3319
650 W. Baltimore St.
Baltimore, MD. 21201**

Our Front Desk will contact you when we receive your forms. Any questions or concerns please feel free to contact us.

Front Desk Staff: (410) 706-7803 Patient Care Coordinator: (410) 706-0768.

Thank you for considering Orthodontic treatment at the University of Maryland.

Payments

An initial **Diagnostic Records** fee of \$350 is due upon acceptance into this program. **Please note:** this fee is non-refundable, and due **prior** to being assigned to an Orthodontic Resident and Faculty member. **This fee cannot be paid using a Flex- Spending/HSA Card.**

Treatment cost is not determined until the orthodontic Diagnostic records are taken and the Resident and Faculty are able to formulate your treatment plan. At this time, you will be presented with treatment options and cost. This will include the possibility of any surcharges associated with your treatment.

Surcharges include, but are not limited to:

Ceramic Brackets, *Invisalign* appliances, surgical orthodontics and functional appliances (many types). You will be notified before treatment starts of any additional charges.

Payment plan options are based on an approved Credit Application (enclosed). If you should have any questions about the credit application or the determination, you can contact the **Business Manager at 410-706-8924.** Any credit application that is denied will require payment **in full**, prior to the start of any treatment.

If you have current dental insurance coverage, we will assist you in making the insurance claims. **Please note:** all payment plans are contracted at the full fee for treatment, even if you have dental insurance benefits.

All fees are subject to change. Fees for treatment will be based on the fee structure in effect at the time treatment is started.

Comprehensive Orthodontic Fees & Payment Plan (Estimated)

As of: July 1, 2019

An approved Credit Application is eligible for the treatment costs to be put on a payment plan. Below is listed the payment plan option for Comprehensive Treatment. As a reminder, these fees are **estimated**, and not **definitive** until a treatment plan is discussed and a consent is signed.

	<u>Down Payment</u>	<u>Monthly- 24 Months</u>	<u>Total</u>
<u>Adolescent</u>	\$400	\$125/month	\$3400
<u>Adult</u>	\$910	\$125/month	\$3910

Invisalign Treatment

Invisalign treatment is available at an additional fee for those who may be interested, though it is important to know this treatment method is **not appropriate for everyone.**

Special Cases

If other dental treatment is required, such as Oral Surgery, Endodontic treatment or other restorative treatment, it is **not** covered under your Orthodontic Contract.

Medical Assistance/Managed Care Organizations (MA/MCO)

Acceptance into the postgraduate orthodontic program does not guarantee that your MA/MCO has approved financial coverage of the treatment costs. Records will be submitted to your MA/MCO for their consideration and approval. MA/MCOs use their own set of criteria to determine whether or not they will pay for orthodontic care. If your MA/MCO approves your Orthodontic treatment, **you must keep all scheduled appointments or your insurance company may not continue to pay for the treatment. Multiple missed appointments may result in the treatment being terminated prior to completion.**

If your Medical Assistance coverage is discontinued for any reason, you will be held responsible for the remaining costs of your child's care.

Appointment Policy

Appointment times are reserved specifically for each patient. It is the responsibility of the patient/parent to ensure all appointments are kept. We require a 24 hour notification to cancel any appointments, anything cancelled less than 24 hours is considered a missed/failed appointment. Three or more missed/failed appointments in a One year period is subject to treatment being discontinued.

Additionally, if you arrive more than 15 minutes after your scheduled appointment time, your appointment is subject to be rescheduled. We are not responsible for traffic/bus/car/parking delays that may occur on your way to your appointment. Please plan accordingly.

Retention Visits

At the end of treatment, after braces are removed, it is usually necessary to use retainers for a few years until the teeth adapt to their new positions. It is our policy to continue seeing the patient at regular intervals for **up to one year** after braces are removed. These appointments are included in our basic fee. *After* this one year period there is a fee for additional appointments. There will be a fee for replacement of a broken or lost retainer.

Breakage or abuse of appliances, as well as the loss of a retainer or removable appliance will incur a **charge between \$180.00- \$245.00 for their replacement**, payable prior to the fabrication of the appliance.

The University Of Maryland School Of Dentistry is located at
650 West Baltimore Street, Baltimore MD 21201
(Between Pine St. and Greene St.)

Parking:

The Pearl Street garage is available for patient parking. It is located at **622 West Fayette Street**, directly across from the VA Medical Center Parking Garage and facing the back of the School of Dentistry.

"Pay to Park" parking is available on the streets in the vicinity of the school. **PLEASE NOTE** the hours of operation on the signs before you leave your car. Some areas only allow parking between certain hours.

The Orthodontic Department is located on the 3rd floor

University of Maryland, School of Dentistry

Nondiscrimination Statement Language Accessibility

The University Of Maryland, School of Dentistry complies with applicable Federal civil rights laws and does not discriminate, exclude individuals or treat them differently in the facility's health programs on the basis of race, color, national origin, age, sex or disability.

UMSOD shall take reasonable steps to provide complimentary appropriate auxiliary aids and services to gain equal access to the facility's dental health programs.

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 410-706-7101 presione 9

CHINESE

如果你说汉语，你可以免费获得语言帮助。请致电410-706-7101按9

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 410-706-7101 프레스 9

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 410-706-7101 báo chí 9

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 410-706-7101 appuyez sur 9

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 410-706-7101 pindutin ang 9

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 410-706-7101 пресса 9 410-706-7101 pressa 9

PORTUGUESE

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 410-706-7101 pressione 9

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 410-706-7101 près 9

AMHARIC

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IGBO

Ntị: Ọ bụrụ na ị na-asụ Igbo, a na-enye gị ọrụ asụsụ n'efu ka ị kpọọ 410-706-7101 press 9

YORUBA

Ifarabalẹ ni: Ti o ba sọrọ Yoruba, a fun ọ ni iṣẹ ọfẹ ni ede ọfẹ. Jowo pe 410-706-7101 press 9

BASSA

Dè dẹ nà à ke dyédé gbo: Ọ jù ké m̀ [Bàsò ò -wùdù-po-nyò] jù ní, ní, à wuqu kà kò dọ po-poò bé in m̀ gbo kpáa. Ọá 410-706-7101 press 9

FARSI

سامت د امشیرا د ناگل متوصد نانو متلاهیست مدینک می وگتنگ سیراذا نانو هدرگا: هجو 410-706-7101 مطبوعات 9

URDU

گر آپ اردو بولتے، زبان کی مدد کی خدمات، آپ مفت کے لئے دستیاب ہیں تو۔ فون نمبر 410-706-7101 پر دیاں