Samantha Jones, D.D.S., M.S.D.

The fee quoted by Dr. Jones is valid for one (1) year from the date quoted. The fee is determined by the diagnosis and treatment plan determined by Dr. Jones and is not negotiable. The fee quoted covers all orthodontic procedures done in our office. This will consist of the following related orthodontic procedures

1. Initial diagnostic records (pictures, radiographs and impressions)
2. Orthodontic appliances (including braces, elastics, headgear, rapid palatal expander lip bumper, Herbst and others)
3. Progress records
4. All appointments associated with treatment
5. Any tooth re-contouring as needed
6. Final records
7. One set of retainers and one year of retention appointments (a check retainer fee will be charged after one year of retention)

The orthodontic fee **does not** cover any appointments performed outside this office, either with your general dentist or specialists.

PATIENT CONSENT- PAYMENT AUTHORIZATION — SIGNATURE ON FILE

The information I have given is correct to the best of my knowledge. I understand that it will be held in the strictest of confidence and that it is my responsibility to inform Dr. Jones and staff of any changes in my medical status at the next appointment without fail.

I give permission for Dr. Jones to perform an initial clinical examination and make recommendations for orthodontic treatment.

I hereby authorize release of information for any proposed treatment to my/our insurance company and for insurance payment of said treatment to be paid directly to J. Orthodontics, Inc. I understand that J. Orthodontics may release my orthodontic records to other healthcare providers involved in my dental/orthodontic care. I further authorize J. Orthodontics to use my records for teaching purposes and/or scientific publication. This information is also to be used in administering dental claims and/or discussing treatment options with other dental professionals.

I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance on my account for any professional services rendered. If I chose to provide J. Orthodontics, Inc. with a credit card for automatic monthly payments, this signature will serve as authorization.

I authorize J. Orthodontics along with any billing service, collection agency or attorney who may work on J. Orthodontics' behalf, to contact me on my cell phone and/or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication.

I understand that J. Orthodontics will provide interpretation services at no cost to me in my preferred language of communication.

By signing below, I acknowledge that I have read and understand the statements mentioned above.

Signature: Date: