



Treatment Fee Schedule: Fee-for-Service Payment Plan and Maximum Out-of-Pocket Costs

Pt: _____

Dear Patients and Parents,

Thank you for choosing our practice for your healthcare needs. We greatly appreciate your trust and confidence in our expertise and consider it an honor and privilege to help you and your family.

We chose to build a patient-centered model for our practice that does not allow insurance companies to dictate the care we provide. This means that we are not contracted with insurance carriers. Because of this, we collect payment directly from the patient during the time of your visit.

Our office does, however, provide concierge billing services and will work directly with your insurance company to file for any out of network benefits your insurance company offers, so that your insurance company may reimburse you directly according to the terms of your policy.

Our consultation, procedure, and follow-up service fees are in accordance with the following schedule. Because most insurance companies provide reimbursement based on a fee-for-service payment plan, you may notice some variance between the amount billed to your insurance company and the fees we collect from you as a patient or parent.

Because we desire to keep our service affordable and understand the increasing burden of healthcare expenses, our policy is to cap the maximum costs to our families at \$1,000 per patient. In some cases, if additional services are rendered, we aim to provide these services as a courtesy to our families, and we then seek reimbursement for the additional services from your insurance company only.

Below is a breakdown of care we provide and its related cost to you:

Procedure	Fee to Insurance	Your Fee
Office Consultation	\$250.00	\$250
Frenectomy (tongue tie release)	\$750.00	\$750
Additional frenectomy site (lip, cheek) – if needed	\$750.00	\$0
Re-release – if needed	\$750.00	\$0
Tissue removal/recontouring	\$300.00	\$0
Myofunctional stretching/massage	\$100.00	\$0
Post-operative follow up visit	\$195.00	\$195

We hope this information provides clarity and reassurance to you about our billing practices. Please let us know if there are any additional questions or concerns.

I have read the above information and have had the opportunity to seek answers to any remaining questions. I further understand that I will not be reimbursed for services covered by my insurance company that were not charged to me as the responsible party.

Responsible Party Signature

Date