

J. TAYLOR EVANS, D.D.S., P.C.
Orthodontist

Fees Not Covered by Medicaid

The following rules apply to you as a Medicaid patient/parent/guardian:

1. **Failed Appointments (no notice):** Patients who do not make their scheduled appointments and who do not call prior to their appointment to reschedule have incurred a **Failed Appointment**. The patient will be **dismissed** from the practice upon failing two (2) appointments. Reinstatement to the practice is made when the patient completes a re-consult with Dr. Evans and pays a **Reinstatement Fee** of \$45.00 (this fee is subject to change without notice).
2. **Lost or broken appliances/retainers/headgear/etc.:** Medicaid does not pay for such conditions if Medicaid benefits have been lost. They may pay if benefits are still in force. However, payment is not assured (fees vary with specific appliances).
3. **Broken brackets:** The patient has sole responsibility of keeping hard, sticky, gooey, crunchy and chewy types of food that may potentially break a bracket out of their mouth. Broken bracket replacement is \$20.00 (this fee is subject to change without notice). I have received, read and understand the food list.
4. **More treatment visits due to poor cooperation:** Medicaid will approve a number of visits to complete treatment. Failure of the patient to properly wear headgear or elastics, produce excessively broken appliances, properly clean the teeth, make regularly scheduled visits to the dentist (every 6 to 8 months), or keep regularly scheduled orthodontic appointments may increase the number of treatment visits past those approved by Medicaid. In such cases, payment for a treatment visit of \$60.00 is due and payable at the beginning of each additional visit (this fee is subject to change).
5. **Colored braces:** Medicaid does not pay for colored braces. Colors have nothing to do with the straightening of teeth and are only for show. Patients who wish to have colors placed on their braces may notify the receptionist and pay a fee of \$5.00 for every appointment that colors are placed.
6. **Payment of all additional fees:** All payments are due in cash or by money order, and should be given to the receptionist prior to initiating any work done.
7. **Retainers:** Post-treatment stabilization is recommended following ortho therapy. The delivering of the retainers is covered by Medicaid. Please be aware that retainer check visits are not covered by Medicaid. The fee for a retainer check visit is \$40.00 (this fee is subject to change without notice).

Pursuant to Section Two, Page 6-7 of the 1997 Medicaid Handbook:

"I understand that, in the opinion of J. Taylor Evans, D.D.S., P.C. and Associates, the services or items (mentioned above) that I requested be provided to me (or patient) during the orthodontic treatment may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of Health or its insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive if these services are determined not to be reasonable and medically necessary for my care."

Patient's Name

Patient/Parent/Guardian's Signature

Date