770 Cherrington Row
Suite B
Westerville, OH 43081
(614) 555-0171
strandortho.example

Strand Orthodontics

ORTHODONTIC TREATMENT AND FINANCIAL AGREEMENT

Patient: Nora E. Adeyemi, date of birth 09/21/2014
Responsible party: Leah M. Brandvold, 2714 Quillfeather Lane, Westerville, OH 43081
Treating orthodontist: Joel Strand, DDS, MS
Agreement date: February 17, 2026

1. TREATMENT

The practice will provide comprehensive orthodontic treatment with fixed upper and lower appliances to correct crowding of the upper arch and a crossbite on the right side. The estimated active treatment time is 22 months. This is an estimate and not a promise. Treatment time depends on growth, on how the teeth respond, and on how well the patient follows instructions about diet, brushing and elastics.

2. WHAT THE FEE INCLUDES

The fee covers the diagnostic records taken at the start, placement of the appliances, all regular adjustment visits during active treatment, removal of the appliances, one set of upper and lower retainers, and retainer checks for 12 months after the appliances are removed.

3. WHAT THE FEE DOES NOT INCLUDE

The fee does not cover care by the family dentist, cleanings, fillings, extractions or other surgery, or treatment of the jaw joint. It does not cover a mouthguard for sports. The first two broken brackets are repaired at no charge; each one after that is $25. An appointment missed without 24 hours' notice may be charged $40.

4. FEE AND PAYMENT SCHEDULE

Total treatment fee	$5,480.00
Estimated insurance benefit, Thistledown Dental	-$1,500.00
Estimated patient portion	$3,980.00
Down payment, due at placement, February 17, 2026	$578.00
18 monthly payments, March 2026 through August 2027	$189.00 each

A payment by card on file is run on the due date. A payment more than 10 days late is charged a late fee of $15. If two payments in a row are missed, the practice may suspend adjustment visits, other than visits to relieve pain, until the account is current.

5. INSURANCE

The insurance benefit shown is an estimate from the information the plan gave us on the agreement date. Orthodontic benefits are usually a lifetime maximum for each covered person and are paid to the practice in instalments while the patient remains covered. If the plan pays less than the estimate for any reason, including a change of employer or of plan, the responsible party owes the difference. If the plan pays more, the difference is credited to the account.

6. IF TREATMENT TAKES LONGER OR ENDS EARLY

There is no additional fee if active treatment runs up to 6 months past the estimate. After that, the practice may charge $95 for each further month of active treatment.

If the patient moves, transfers to another orthodontist or stops treatment, the fee earned is 25% of the total treatment fee at placement, with the rest earned evenly over the 22 estimated months. Any amount paid beyond the fee earned is refunded within 30 days, and any shortfall is due at the last visit. Records are sent to the new orthodontist at no charge.

7. RETAINERS

One set of retainers is included. A lost or broken retainer is replaced for $175 for each retainer. Teeth move throughout life; the practice cannot promise that they will stay in position if retainers are not worn as instructed.

8. CONSENT

I have had the treatment plan explained to me, including its limits and risks: sore teeth after adjustments, white marks or decay where brushing is poor, shortening of roots, and the need for retainers afterwards. I have been given the list of foods to avoid. I agree to the fee and payment schedule above.

Leah Brandvold 02/17/2026
Responsible party

J. Strand 02/17/2026
For Strand Orthodontics