



HILLER ORTHODONTICS

Building Smiles. Treating People.

MEDICAID TREATMENT

EXPLANATION OF TREATMENT PROVIDED BY NEW HAMPSHIRE MEDICAID

Comprehensive Treatment

This treatment includes regular office visits; hardware (brackets, bands, etc.); one set of standard retainers; two years of retainer visits; progress x-rays and completion records if necessary.

Space Maintenance

This treatment includes regular office visits; hardware (brackets, bands, etc); Observation visits as needed; progress x-rays if necessary.

By signing below, I hereby attest that I have received a copy of the Privacy Notice and the Informed Consent form. Furthermore, I acknowledge that I have read and understand these forms. In addition, I attest that I fully comprehend and accept the treatment plan presented to me, and I pledge to adhere to an oral hygiene regimen necessary to prevent inflammation and decay and to attend scheduled periodic visits.

Finally, I understand that Medicaid or Healthy Kids - Gold shall not pay for the cost of orthodontic treatment beyond the recipient's 21st birthday. Any subsequent visits will be billed at \$200.00 per visit.

Signature of Recipient or Legal Representative

Date

Printed Name of Recipient or Legal Representative

Recipient Name

Dennis C. Hiller, DDS, MSD

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