

Transfer-Out Policy

If it becomes necessary for you to transfer-out of our office during the course of your treatment for any reason (including filing bankruptcy, Burke discontinuing treatment, canceling treatment or relocation), your fee will be pro-rated in the following manner:

Pro-Ration Formula: Total Treatment Fee less *one-third (Banding/Fitting Fee) plus the monthly fee for the number of months that the patient has actually been in treatment including the first month. Any amount owed after the Transfer-Out credit is applied becomes due and payable by you. Any surplus will be refunded.

Example: Mary's original treatment plan was based on 18 months of treatment. Her original fee was \$6,203.00. Mary requests to transfer out of the office after being in treatment for 14 months. Mary's transfer-out credit will be \$918.97. Calculated as follows:

- Banding/Fitting Fee (Total Treatment Fee **divided** by *One-Third) = **\$2067.67**
(\$6,203/3 = \$2,067.67);
 - Monthly Fees (Total Treatment Fee less Banding/Fitting Fee **divided** by 18 months, based on original treatment plan) = **\$229.74**
(\$6,203 - \$2,067.67 = \$ 4,135.33, \$4,135.33/18 months = \$229.74);
 - Monthly Fees for actual time in treatment only = **\$3,216.36**
(\$229.74 * 14 months = \$3,216.36);
 - Total Fee charged for 14 months of treatment = **\$5,284.03**
(Banding /Fitting Fee + 14 months of treatment at \$229.74 per month);
 - Transfer-out Credit applied to account = **\$ 918.97**
(Total Treatment Fee - Total Fee charged for 14 months of treatment)
- * Invisalign and Invisalign Teen
(Total treatment fee divided by half = **\$3441.50**)

Transferring out during the course of treatment may involve additional fees to be paid to the new orthodontist that exceed our fees. You may have incurred fees that exceed your remaining loan balance when you discontinue treatment with the Practice. Please don't hesitate to ask questions if you need any additional clarification.

If a transfer-out becomes necessary, we request that you contact the office at least **six weeks prior** to the anticipated transfer date to allow time for records to be forwarded to the new orthodontist, appropriate notification time for cancelling of any loans financed (if required) and appropriate notification to insurance companies (if required). Please contact any of our Front Desk Staff or a Treatment Coordinator to discuss transferring care out of our office.

My signature below acknowledges that I have received and understand the Burke Transfer-out Policy.

Responsible Party of Patient

Burke Representative

Date

Date