

Appliance Repair Agreement

Patient's Name

Date

Your medical insurance policy does not include coverage for repairs or replacements of broken oral appliance parts. This limitation is determined by the insurance provider, not by our office. Consequently, patients are required to bear the costs of these services.

The total cost for the repair is \$_____. I consent to pay this amount today. Our office typically manages most repairs internally, which benefits our patients by reducing both the time they are without their appliance and the expenses associated with external laboratory fees.

I, _____, acknowledge receipt of the total repair cost as outlined above and consent to proceed with the repair of my appliance.

Patient Signature

Date

