

STATE OF OKLAHOMA
Oklahoma Health Care Authority

Orthodontic Expectations Agreement

SoonerCare strives to provide high-quality Orthodontic treatment to its qualified members. This requires commitment by both the Orthodontic provider and the member. It is very important to understand the level of commitment this program demands. Orthodontic treatment is a lengthy process which usually takes 24-36 months to complete.

If your Orthodontic provider does not believe you are demonstrating the commitment necessary to achieve satisfactory results regarding your Orthodontic treatment, your provider will notify SoonerCare. Upon receiving the notification from your provider, SoonerCare will perform a review of the treatment and any evidence regarding lack of commitment to comply with program expectations. If after review, SoonerCare feels that you are not in compliance, you may be dismissed from the Orthodontic program.

If you are dismissed from the Orthodontic program you will need to return to your Orthodontic provider to have the braces removed. In addition, dismissal for non-compliance usually disallows re-entry into the Orthodontic program.

Reasons for dismissal from the Orthodontic program may include:

- You purposely remove wires, brackets, and elastics;
- You miss several scheduled appointments, delaying the entire treatment;
- Lack of commitment and cooperation in your own treatment;
- You fail to return to your General Dentist for preventative treatment;
- Poor oral hygiene

Health implications for non-compliance can include:

- Cavities;
- Gum Disease;
- Loss of bone holding the teeth in;
- Loss of teeth;
- Abscessed teeth that would require root canal treatment or extraction

By signing this agreement, you agree to be an active participant in your Orthodontic treatment and you understand non-compliance may result in removal of braces and usually disallows re-entry into the **ORTHODONTIC PROGRAM**.

Member signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Orthodontic Provider signature: _____ Date: _____