

PRACTICE COMPARISON CHECKLIST

When interviewing for a prospective orthodontist it has been shown that certain criteria can be used to identify a quality service and treatment. The purpose of this checklist is for you to compare wisely between practices offering orthodontic treatment. Please be assured that the few minutes spent to evaluate and choose a proper orthodontist is well worth the effort before making a long-term investment in orthodontic treatment. As always, please do not hesitate to call us if you have any questions. Answer **Yes** if the practice offers the service or treatment described – *leave it blank if not sure.*

	Helm Orthodontics	Other Doctor
Your First Impression of the Office:		
Was your initial call courteously and professionally handled?.....	_____	_____
Did you receive a pre-visit welcome letter?.....	_____	_____
Was the office easy to find?.....	_____	_____
Was parking convenient?.....	_____	_____
Was the office neat and tidy?.....	_____	_____
Was the office décor patient-oriented (patient bulletin boards, etc.)?.....	_____	_____
Was there complimentary refreshments provided?.....	_____	_____
Were you promptly attended to when you arrived?.....	_____	_____
Your Orthodontic Evaluation:		
Did you feel important, and not like “just another number”?.....	_____	_____
Was the patient the center focus of the appointment?.....	_____	_____
Were your treatment concerns addressed?.....	_____	_____
Was your information courteously and professionally taken?.....	_____	_____
Were all of your questions answered?.....	_____	_____
Was the doctor’s orthodontic exam thorough enough for you?.....	_____	_____
Did the doctor sufficiently answer your questions?.....	_____	_____
Was your overall experience a pleasant one?.....	_____	_____
The Doctor’s Credentials:		
Was the doctor a university trained orthodontic specialist?.....	_____	_____
Were the doctor’s training certificated displayed on the walls?.....	_____	_____
Is the doctor a Board Certified Orthodontist?.....	_____	_____
Is the doctor a member of the American Association of Orthodontists?.....	_____	_____
Was the doctor you met the one who owned the practice?.....	_____	_____
Was the doctor you met the one who will provide the treatment?.....	_____	_____
The Treatment Required:		
Did the treatment proposed seem to fit your needs?.....	_____	_____
Was the treatment proposed fully explained and understood?.....	_____	_____
Does the doctor(not assistants) have total control over the progress of treatment?.....	_____	_____
Will the doctor work with your family dentist for overall oral care?.....	_____	_____
Does the doctor use up-to-date orthodontic appliances and materials?.....	_____	_____
Does the doctor use early, preventive treatment when it is needed?.....	_____	_____
The Fee and Financial Agreements for Treatment:		
Does the fee reflect the quality of treatment & service you deserve?.....	_____	_____
Is the cost of initial records and final records included in the fee?.....	_____	_____
Is the total treatment fee a set amount (not based on approximate months)?.....	_____	_____
Were all possible financial arrangements explored to pay the fee?.....	_____	_____
Is your retention treatment (retainers) included in your treatment fee?.....	_____	_____
Were you given the option for “special” braces if desired? Or Invisalign if a candidate?.....	_____	_____
Was your insurance benefits known and included in the financial estimates?.....	_____	_____
Is the office contracted with your insurance carrier and offer contracted fees?.....	_____	_____
Will the office file your insurance carrier paperwork for you?.....	_____	_____
Will the office accept payment from your Insurance carrier?.....	_____	_____