

Payment Plan Options

Name _____

Date _____

So that the cost of your treatment will fit comfortably into your family budget, we are pleased to offer the following interest free payment options. Please select the one that is best for you.

Option 1: Payment in full at the Time of Service (treatment of at least \$1500)

Pay for the total cost of treatment with cash or check *one week prior to first appointment* and receive a 5% adjustment. Pay with Visa, MasterCard, Discover Card or American Express and receive a 3% adjustment. If you are covered by dental insurance, you may receive these adjustments on your total estimated out of pocket expenses or the total cost of treatment.

Total cost of treatment or estimated out of pocket expense _____

After (5%) adjustment for cash or check _____

_____ After (3%) adjustment for credit card/debit card payment _____

Initials **Payment Due Date** _____

Option 2: Payment in Three Months (Maximum of \$2000)

Pay your total cost or estimated out of pocket expense in 3 equal payments with the first payment due *one week prior to first appointment*.

_____ Three equal payments of _____

First payment due date _____

Initials

Option 3: Automatic Checking or Saving Withdrawal (Maximum of 12 Months up to \$2000)

Monthly payment plan on total cost of treatment or estimated out of pocket expense. Payment is automatically withdrawn from your checking account on a pre-arranged day of the month. One-third of the amount financed is due *one week prior to first appointment*.

Total cost of treatment or estimated out of pocket expense _____

Initial down payment of 1/3 due one week prior to appointment _____

_____ Balance _____

Initials _____ Monthly payments of _____ to be charged on the _____ day of each month.

Option 4: Automatic Credit Card/ Debit Card Payment (Maximum of 12 months up to \$2000)

Monthly payment plan on total cost of treatment or estimated out of pocket expense. Payment is automatically charged to your Visa, MasterCard, Discover Card or American Express on a pre-arranged day of the month. One-third of the amount financed is due *one week prior to first appointment*.

Total cost of treatment or estimated out of pocket expense _____

Initial down payment of 1/3 due one week prior to appointment _____

Balance _____

_____ Monthly payments of _____ to be withdrawn on the _____ day of each month.

Initials

Option 5: Care Credit

_____ Monthly payments on total cost of treatment with a 6 or 12-month interest free option. With other payment options available with interest up to five years. Good credit standing required. Call 1-800-365-8295 or visit www.carecredit.com

Initials

Signature

Date

Signature

Date

Please Note: The Payment Plan Options are based upon our current fee schedule and an estimate of what your insurance company may pay. You are responsible for any balance not paid by your insurance company. These fees and insurance estimates are valid for 90days from the above date.