

Patient Name	Date:	
	The investment for dental treatment is	\$
	Less estimated insurance*	\$
	Patient Responsibility	\$
well being. F health service	nent is an excellent investment in an individual financial considerations should not be an obset. Being sensitive to the fact that people have all obligations, we are providing the following	tacle to obtaining this important e different needs in fulfilling
	PAYMENT OPTIONS	
P:	ayment in full A bookkeeping courtesy of 5% or \$ payment by cash or credit card (does not in start of full recommended treatment ONL exam and consultation, resulting in a one-ts	nclude financing companies) at Y on the day of initial (1 st visit)
	aterest Free Plan	
•	No initial payment	
•	pre-payments can be made without penalty	
•	Interest free payment plans up to mon	ths \$
☐ F	No initial payment Option No initial payment Payment plans up to <u>60</u> months with mont which include a low fixed rate Additional payment plans are available Prepayments can be made anytime withou	
	lexible Monthly Payment Option	
•	No initial payment	
	Payment plans up to <u>144</u> months with monthly payments as low as \$	
	which include a low fixed rate	
	Additional payment plans are available	
•	Prepayments can be made anytime withou	t penalty

We accept Visa, MasterCard, American Express, and Discover.
*If for any reason the estimated amount is not paid by your insurance company it becomes your obligation

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