

Patient Name: _____

Date: _____

The Total for treatment is \$ _____

Treatment Summary _____

Insurance is expected to pay \$ _____

Patient Portion \$ _____

Dental treatment is an excellent investment in an individual’s medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health decision. Being sensitive to the fact that different people have different needs in fulfilling their financial obligation, we are providing the following payment options.

Payment Option Form

A. Payment in Full:

A bookkeeping courtesy of _____ % or \$ _____ is given for payment of your estimated part in full by cash check or change or any combination, resulting in a one-time upfront payment of \$ _____ .

B. Care Credit/ Citi:

- No initial payment required
- Flexible low monthly payments, no upfront costs
- Payment plan up to 60
- Interest Free option available
- No penalty for early pay off
- Results in 15 minutes
- You will receive your first bill between 4 and 30 days depending on the billing cycle
- Your first payment will be due in approximately 2 weeks from receiving the bill

C. In-Office Payment Plan:

50% down in the amount of \$ _____ at scheduling of treatment, with the balance of \$ _____ due at the start of treatment.

The financial policy has been explained and I understand the options made available to me. I realize that the amount due for future appointments is my responsibility and I must choose one of these options and make arrangements prior to scheduling this treatment. If I neglect to come in and sign this agreement at least 48 hours prior to scheduled appointment, the appointment may be canceled without notice.

Signature

Date

Staff Member initials