Patient _____ Date _____

Total Fee $_____ Estimated Insurance $_____

Estimated Patient Portion $_____

The purpose of this document is to provide you with an estimate of fees for dental services recommended. With regard to estimating the patient portion for those with insurance, we are only able to provide an estimate based on the information provided to our office by you &/or your dental plan. Limitations and exclusions may exist in your dental plan that have not been disclosed to our office by your dental carrier. If your plan pays more than expected, you will receive a prompt refund. If your plan pays less, a balance due will be reflected. If eligibility is denied, the full balance becomes your responsibility.

PAYMENT OPTIONS

- **(A) Same Day Payment for Entire Treatment Plan** – A 3% cash/check courtesy discount is offered when treatment in the amount of or above $600 is paid in full at the time of treatment. Insurance reimbursement to be received by patient.
- **(B) Two Equal Payments** – For treatment involving lab services, payment can be divided into two equal payments. ½ is due when treatment is started & ½ is due when completed.
- **(C) Three Equal Payments** – For treatment involving lab services, payment can be divided into two equal payments. ½ is due when treatment is started & ½ is due when completed.
- **(D) Monthly Payment Plan** – We offer short & long term financing through an outside financing company. Please let us know if you would like information about this option.
- **(E) CareCredit Payment** – We offer dental financing through a third-party vendor who offers payment in full at time of treatment for 6 or 12 months interest free.

FINANCIAL RESPONSIBILITY & AGREEMENT

I have chosen Payment Plan _____ above. I understand that any dental insurance plan I have is strictly a contract between myself and my insurance carrier. As such, I agree to be responsible for full payment of all dental services not paid in full within 60 days regardless of dental benefits estimated above.

X

Patient / Guardian Signature