

Patient name:

Date:

Estimated fee for your treatment is: \$ _____

Estimated Lab Fees \$ _____

Estimated specialists fees: \$ _____

Total Combined: \$ _____

The estimate we hope you can expect from your insurance benefits: \$ _____

We will do our very best to give you a beautiful and healthy smile. Because we want this investment to fit comfortably in your personal budget, we offer the following options.

Payment Options:

1. Pre-Payment in Full (cash or check)

A pre-payment courtesy of _____% or \$ _____ is offered for payment in full (in our office) prior to scheduling your treatment, resulting in a one-time payment of \$ _____. Your insurance payment will be mailed to you as reimbursement.

2. Lowest Monthly Payment- Care Credit

- No initial payment
- Payments ranging from 18 to 60 months with payments as affordable as \$ _____ per month which includes a fixed rate of interest (14.9%)
- Keep your insurance check(s) as a rebate or pay them towards your loan
- Prepayments can be made anytime without penalty
- Fast , confidential approval by phone or on-line at their secure website www.carecredit.com 1-800-365-8295
Good credit standing required.

3. 6 and 12 Months Interest Free - Care Credit

- 12 monthly payments of _____, interest free.
- 6 monthly payments of _____, interest free.
- Keep your insurance check(s) as a rebate or pay them towards your loan.

4. Other Payment Options

- Visa, Discover and Mastercard are always accepted for payment in full.
(The 5% discount does not apply to credit card payments.)