



Date:

INVESTMENT OPTIONS

Thank you for selecting us for your orthodontic care! Your ideal smile will make all the difference in the most important of circumstances and we are excited for you to receive the truly unlimited value of orthodontic treatment. Because we do not want financial concerns to stand in the way, we are pleased to provide the following payment options which are valid for the next 120 days.

Estimated Fees	
Patient Name:	Sub Total:
Responsible Party:	Records fee : (-)
Estimated Length of Treatment:	
Case Fee:	
Estimated Insurance:	(-) Estimated Patient Balance:
Sub Total:	

OPTION 1 - PAYMENT IN FULL

Patient Balance
 5% Pay in full credit
 Payment in Full

OPTION 2 - INTEREST FREE, LOW MONTHLY

Patient Balance
 Initial Investment: (-)
 Balance:
Monthly Investment:
 Months:
 Last Payment:

OPTION 3 - \$0 DOWN, INTEREST FREE

Patient Balance
 Initial Investment: -0-
 Balance:
Monthly Investment:
 Months:

Note 1: The insurance amount is an estimate only and any benefit not actually paid by insurance will be incorporated into the contract.

Note 2: Options 2 and 3 require monthly payments to be made via Automatic Drafts of Electronic Fund Transfers from a checking account, savings account, credit card, or debit card.

Note 3: Option 3 is provided through Unicorn Financial. Credit application required.