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The Gentle Dentist General Dentistry
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Personal Payment Plan for _____ Account # _____ Date:_____

Thank you for the opportunity to help you meet your oral health goals! We understand that reaching these goals can sometimes be difficult financially. We would like to help by offering you a comfortable payment plan. You may opt to pay the balance in full by cash, check, or credit card at any time during the term of this payment plan.

The estimated cost for your dental treatment is $_____.

If you have dental insurance, a pre-determination of benefits has been obtained on your behalf.

Some insurance companies *will* work with us. They have estimated a payment of $_____.
Some companies *won't* work with us. They have estimated they will reimburse you $_____.
If your insurance company does not pay as anticipated, your fees are due and payable by you.

Changes in your treatment plan may be required once treatment has begun. We will inform you if this occurs and options will be presented. Be aware that additional treatment may require additional fees.

Your appointment to begin treatment is on _____.

You have agreed to pay for your treatment in the following way:

□ **Payment in full** in the amount of $_____ before treatment begins.
A 5% discount applies if payment is made with cash or check only = $_____.
An additional 5% discount applies for senior citizens who pay in full with cash or check = $_____.

□ **50% down payment** of $_____ with remaining treatment fee of $_____
to be paid in weekly / biweekly / monthly installments of $_____ beginning _____.
Final payment to be made no later than _____.

You may opt to have your payments automatically deducted via your Discover, Visa, MasterCard, checking, or PayPal account (5% discount would not apply).

_____**X**_____
(Account #) (Exp. Date) (Card Holder's signature)

I agree to pay for my treatment as outlined above. I understand that the terms of this office's Financial Policy apply to this agreement.

X_____ **X**_____
Patient Signature (Parent or Guardian if minor) Date staff initial