


Fee Quote and Payment Options



Orthodontic treatment is an excellent investment in the overall dental, medical, and psychological well-being of children and adults. We are sensitive to the fact that different people have different needs in fulfilling their financial obligations, and we provide the following payment options:

Patient Name _____ **Date** _____

The fee for orthodontic treatment is	\$		<i>If for any reason the estimated amount is not paid by your insurance company it becomes your obligation.</i>
Estimated insurance*	-		
Patient responsibility	=		

<p style="text-align: center;">Option A: Payment in Full</p> <p>A bookkeeping courtesy of 5% or \$_____ is given for direct payment in full at the start of treatment by cash, check, or credit card resulting in a one-time payment of \$_____.</p>	<p style="text-align: center;">Option B: Down-Payment Financing</p> <p>Patient responsibility \$ _____</p> <p>Down payment - \$ _____</p> <p>Remaining balance = \$ _____</p> <p style="text-align: center;">_____ monthly payments of \$ _____</p> <p>by automatic transfer from checking account or credit card using:</p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="text-align: right;">www.orthobanc.com</p>
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Option C: No Down-Payment Financing

	12 Months	18 Months	24 Months	36 Months	48 Months	60 Months
						
						

CareCredit plans include a _____ % interest rate. Call 1-800-365-8295, or visit www.carecredit.com.

Springstone plans include a _____ % interest rate. Call 1-800-630-1663, or visit www.springstoneplan.com.

These payment options do not correspond to the estimated treatment time but are merely provided for your convenience. This fee quote is valid for 60 days.



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