

FINANCIAL OPTIONS

➤ **CASH, CHECK, OR CREDIT CARD**

GET A 5% PRE-PAY DISCOUNT BY PAYING IN FULL AT OR BEFORE THE TIME OF SERVICE. (the day charges are posted)

All family balances must be paid in full to be eligible. For services requiring more than one appointment, the entire balance must be paid in full at or before the first visit.

➤ **SENIOR DISCOUNT**

FOR PATIENTS 62 OR OLDER: 10% CASH OR CHECK, 8% CREDIT CARD.

To get the discount, entire balance must be paid in full at or before the time of service as stated above under the cash, check, or credit card.

➤ **DENTAL BENEFITS/INSURANCE (2 Options)**

OPTION 1: GET A 5% PRE-PAY DISCOUNT BY PAYING IN FULL AT OR BEFORE THE TIME OF SERVICE.

This includes service that may be covered by your insurance policy. We will help you to maximize your legal benefits. We will gladly fill out and submit your insurance claim forms. Once your insurance carrier has processed the claim, you should be reimbursed for the appropriate benefit directly from your insurance carrier. NOTE: Save YOUR paperwork in case of later conflicts with your insurance carrier.

OR

OPTION 2: PAYMENT OF ESTIMATED NON-INSURANCE SHARE AT TIME OF SERVICE.

If you choose to assign insurance benefits to our office, we will ESTIMATE the amount not covered by your carrier and that amount will be due at the time of service (choosing this option eliminates the option for the pre-pay discount). Some insurance companies pay faster than others. Regardless, once you have any balance that is over a month old, that entire balance is subject to finance charges. Remember, this is only an estimate. The total amount unpaid by the insurance carrier is due from the patient and subject to finance charges..

➤ **PAYMENT PLANS – Low or no interest rates (with approved credit)**

CARE CREDIT Patient Payment Plans (24 to 60 months; \$1000 minimum)

Fixed interest rate of 13.9% APR. No down payment. No prepayment penalty. Quick and easy application with approval in minutes. Minimum monthly payments required.

3, 6 or 12 MONTHS ZERO % INTEREST (\$300 minimum)

Payments can be spread out over three, six or twelve months interest free. Quick and easy application through CareCredit with approval in minutes. Minimum monthly payments required.

➤ **GRADUAL TREATMENT PLAN**

FOR THOSE PATIENTS WITH A LIMITED BUDGET.

By prioritizing your treatment, patients on a tight budget can still complete their dental work by spreading appointments, treatment, and payments over several months or years.

COLCHESTER DENTAL GROUP, LLC

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SPECIAL CREDIT ARRANGEMENTS AVAILABLE

- ½ down and ½ at completion of each unit of work
- 1/3 down, 1/3 at start, and 1/3 at completion of each unit of work
- Monthly payments with a 15% interest rate (*a charge card without the card*)
- Scheduled monthly payments (*personal payment plan*)

\$ _____ down, then \$ _____ per month for _____ months.

FINANCIAL ARRANGEMENTS FINE PRINT

Unless otherwise stated, a **FINANCE CHARGE of 1¼%** of the unpaid balance (which is an **ANNUAL PERCENTAGE RATE OF 15%**), will be added in any month in which the outstanding balance from the previous month is not paid in full.

At least some payment is expected in every month in which there is an outstanding balance. If no monthly payment is received, a **\$10 (ten dollars) late payment fee** will be added in addition to any applicable interest for that billing period.

In addition, any plan with scheduled payments in which the scheduled payment for that month is not made in full and on time will incur a **\$10 (ten dollars) late payment fee** for that billing period plus any applicable interest.

I understand that regardless of insurance coverage or insurance problems, all balances are due from the patient or the patient's responsible financial party.

I understand the options presented to me. I agree to the conditions stated in this form and I understand that I am responsible for any reasonable collection charges that may be necessary to collect balances owed if I default on this amount.

Please print your name here

Sign your name here

Date