Financial Options

Patient Name: Date:

Summary of Treatment:

Total Fee: Estimated Insurance: Total Due:

Presented by:

Save Money	7% Cash/Check pre-pay discount 4% Debit Pre-pay Discount	Discount Amount: Discount Amount:	Payment Amount: Payment Amount:
	For payment in full at time of scheduling. This option applies to patient portions between $1,500 - $5,000.		
No Down Payment	6 Monthly Payments Deferred Interest 12 Monthly Payments Deferred Interest 18 Monthly Payments Deferred Interest	Estimated Monthly Payment: Estimated Monthly Payment: Estimated Monthly Payment:	
	For patients with approved credit. Interest for deferred interest options is 0% if paid in full within the promotional period. Separate application required. This option is available via CareCredit.		
Easy Approval & Lowest Monthly Payments	Down Payment (first monthly payment due at time of scheduling) 3 Month Interest-Free Plan 6 Month Interest-Free Plan 9 Month Interest-Free Plan 12 Month Interest-Free Plan 18 Month Interest-Free Plan	 Estimated Monthly Payment: Estimated Monthly Payment: Estimated Monthly Payment: Estimated Monthly Payment: Estimated Monthly Payment:	
	This option is available via Cherry Financing with a minimum $200 transaction.		
Half & Half	2 Equal Payments	Payment Amount: Second Half Due Date:	
	Initial half due at time of scheduling, second half due at time of first appointment. Payable by cash, check, or credit card.		
⅓ Down	⅓ Down and 2 additional monthly payments ***Initial payment due at time of scheduling.***	Payment Amount: Second Payment Due Date: Third Payment Due Date:	

Notes: *This estimate is valid for 90 days.*

I choose: ◯ Save Money ◯ No Down Payment ◯ Easy Approval ◯ Half & Half ◯ ⅓ Down

I understand that insurance figures provided are estimates only and the total due is my responsibility. Insurance is billed as a courtesy to assist me in paying my obligation. If the insurance company pays more, I will receive a credit. If the insurance company pays less, I will receive a bill for the difference. I understand that if my insurance company fails to pay within 60 days of the claim being submitted, the full amount due is my responsibility and I will make the payment in full. Payment options provided are examples of various payment options available, and are provided as estimates for informational purposes only. Financing provided by a third party is completed through a separate application and approval is not guaranteed. All financed options are subject to final negotiation and pricing, and will be codified in a Consumer Promissory Note and Truth in Lending Statement. In determining creditworthiness, Stoneridge Dental does not discriminate on the basis of race, color, religion, national origin, sex, marital status or age.

Patient (or responsible party) Signature:

Print Name: Date:

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