

FINANCIAL ARRANGEMENT OPTIONS

Patricia L. Westerhout, DDS

Thank you to all our patients for allowing us to treat your dental needs. Before we begin our treatment we would like you to choose the financial arrangement that best fits your financial plan.

Patients with insurance:

_____ Pay patient portion in full at time of visit using cash, check or credit card.
Balance paid in full \$_____.

_____ Finance patient portion, including any current balances that are existing on the account within a 3-month period beginning with treatment date, ending at the third statement.

Current balance due now on account \$_____
Treatment plan amount \$_____
Total amount financed \$_____

Patient without insurance:

_____ Pay patient balance in full with cash or check and receive a 5% courtesy adjustment.

_____ Pay patient balance in full using our credit card system. (Sorry, no discount.)

_____ Finance patient balance over a 3-month period beginning at the treatment date, ending at the third statement.

Current balance due now on account \$_____
Treatment plan amount \$_____
Total amount financed \$_____

Patient with or without insurance:

_____ CareCredit (www.carecredit.com)

I agree to the above terms and understand that I am responsible for all treatments not covered by insurance. Insurance coverage is only an estimation.

Patient signature: _____ Today's date: _____