803 SOUTH JEFFERSON AVE, LEBANON, MO 65536

417.588.2555 | 866.588.2555

Payment Options

Patient Name: _____ Presented by: KIM Date: _____

Summary of Treatment Plan: _____

_____

Total Fee: $ _____ Possible Insurance Reimbursement: $ _____ Total Financed: $_____

Save Money

5% Discount with Cash or Check

You Save: $_____ Total Fee: $_____

Discount provided with pre-payment at the time of scheduling.

No Down Payment

WELLS FARGO Well Qualified Patients - Online Approval Process

($200+) 6 Months Deferred Interest — Avg. Monthly Payment of $_____

($1000+) 12 Months Deferred Interest* — Avg. Monthly Payment of $_____

($1000+) 18-60 Months @ 12.99% — Avg. Monthly Payment Between $_____ - _____

***Based on approved credit.**

Easiest Approval

Compassionate FINANCE Quick & Easy Instant Approval - Most Patients are Approved

Minimum Down Payment 20% *Down Payment Amt* $_____

($1000+) 0-6 Months @ 10.9% — Avg. Monthly Payment of $_____ - _____

($1500+) 12 Months @ 10.9% — Avg. Monthly Payment of $_____

($2000+) 24 Months @ 10.9% — Avg. Monthly Payment of $_____

• ***Please note, there are no pre-payment penalties*** •

The plan for me is:

- ☐ Save Money
- ☐ No Down Payment
- ☐ Easiest Approval

Notes:

I understand that the amount due is my responsibility and that insurance is billed as a courtesy to assist me in paying my obligation. I understand that insurance figures provided are estimates only. If the insurance company pays more, I will receive a refund. 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 payment in full. Payment options provided are examples of various payment options available, and are provided as estimates for informational purposes only. Approval for financing 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 credit worthiness, Advanced 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: _____