

*Ideal Dental Practice*

Dental Treatment For: Joe Gotbucks

	15% paid in full 24 Hr Discount	No Interest Treatment Plan
Total Treatment Cost:	\$ 10,000.00	\$ 10,000.00
Insurance Estimate:	\$ 1,500.00	\$ 1,500.00
Estimated Balance after Insurance	\$ 8,500.00	\$ 8,500.00
Full Cost of Treatment:	\$ 8,500.00	\$ 8,500.00
Paid in Full Discount:	\$ 1,275.00	\$ -
<b>Total after Discount:</b>	<b>\$ 7,225.00</b>	<b>\$ 8,500.00</b>

\*I understand that insurance estimates are not guaranteed and I am fully responsible to pay any fees that are not fully covered by insurance. \_\_\_\_\_

\*I understand that the dental practice is not a participating provider with any insurance company. \_\_\_\_\_

\*I understand that the dental practice is available to help me with anything that I may need relating to my dental health while a patient of of the practice. I agree that communication with the Practice Manager is the best way to resolve any issues that may occur while having my dental treatment completed. \_\_\_\_\_

\*I understand the need for this treatment and the value that it has for my long term oral and overall health which is why I am fully 100% committed to completeing this treatment. \_\_\_\_\_

\***FINANCIAL:** ONCE PAYMENT IS PROCESSED via CHECK, CASH, CREDIT CARD, CARE CREDIT or CHASE, NO REFUNDS WILL BE GIVEN OR RECEIVED. \_\_\_\_\_

Patient/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Practice Manager \_\_\_\_\_ Date \_\_\_\_\_