



Financial Agreement

The following financial arrangement has been made and agreed upon between myself,

_____ and Great Lakes Dentistry.

☐ Payment to be made in full at time of scheduling by credit card or check with a qualifying 3% courtesy discount of \$ _____ made to the total of services incurred prior to treatment.

☐ Additional 3% bookkeeping courtesy of \$ _____ for cash payment.

Treatment Fee: \$ _____ Total Courtesy: \$ _____ Due Today: \$ _____

☐ Payment of 50% at initial visit and remainder of payment due at "delivery" or final appointment for procedures equal to or above \$1,000.00, less any insurance estimates.

☐ Monthly payments of \$ _____ will be made by the _____ of each month until balance paid in full via automatic Visa or MasterCard transactions. (Max. 4 months)
Down payment before day of treatment of \$ _____

Card# _____ Exp Date _____ Sec. Code _____

☐ Third party financing, maximum of 12 months, zero interest:

I have read and understand the financial agreement provided to me by Great Lakes Dentistry and agree to the terms presented to me.

Signature _____ Date _____