



# Revised 1/22/18 - Careington Metal Braces

## Orthodontic Investment

Your smile is your greeting to the world! It is an excellent investment in the overall dental, medical, and psychological well-being of your child or yourself. Financial considerations should *never* be an obstacle.

*Let us help to find the right option for you!*

**Patient:** Colton Oliver

**Treatment Type:** Child/Adolescent -- Full Treatment -- Moderate

### TREATMENT INVESTMENT:

Orthodontic Treatment Plan and Records:	\$0
Treatment Fee:	\$5,450
Appliances/Upgrades:	\$0
Insurance/Courtesy/Special Discount(s): <small>20% Careington Discount</small>	(\$1,090)
Estimated Amount Covered by Insurance:	(\$0)
<b>Total Patient Responsibility:</b>	<b>\$4,360</b>

### Treatment Fee Includes

Placement of appliances (Braces/Invisalign)  
All appointments throughout active treatment  
Written communication with general dentist  
throughout treatment

Removal of appliances  
Final records  
One set of retainers  
Visits during retention (3 months)

### FINANCIAL OPTIONS:

<u>Option 1: Payment in Full – 5% Courtesy Discount</u>	\$4,142
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<u>Option 2: CareCredit®</u>	\$4,360
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- No Down Payment
- With Approved Credit

### Option 3: In-House Financing (No-Interest)

Down Payment*	\$500
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Monthly Payments (Interest-Free)	24 months
<b>Monthly Payments:</b>	<b>\$ 161 / \$ 157†</b>

Signature of Patient/Parent

Date

Staff

\* \$30 ACH Setup Fee Not Included

† Payment amount for final month



# Revised 1/22/18 - Careington 20% Orthodontic Investment Phase I

Your smile is your greeting to the world! It is an excellent investment in the overall dental, medical, and psychological well-being of your child or yourself. Financial considerations should *never* be an obstacle.

*Let us help to find the right option for you!*

Patient: Gracie Oliver

Treatment Type: Child/Adolescent -- Phase I Treatment

## TREATMENT INVESTMENT:

Orthodontic Treatment Plan and Records:	\$0
Treatment Fee:	\$3,350
Appliances/Upgrades:	\$0
Insurance/Courtesy/Special Discount(s): <small>20% Careington Discount</small>	(\$670)
Estimated Amount Covered by Insurance:	(\$0)
<b>Total Patient Responsibility:</b>	<b>\$2,680</b>

### Treatment Fee Includes

Placement of appliances (Braces/Invisalign)  
All appointments throughout active treatment  
Written communication with general dentist  
throughout treatment

Removal of appliances  
Final records  
One set of retainers  
Visits during retention (3 months)

## FINANCIAL OPTIONS:

<u>Option 1: Payment in Full – 5% Courtesy Discount</u>	\$2,546
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<u>Option 2: CareCredit®</u>	\$2,680
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- No Down Payment
- With Approved Credit

### Option 3: In-House Financing (No-Interest)

Down Payment*	\$500
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Monthly Payments (Interest-Free)	16 months
<b>Monthly Payments:</b>	<b>\$ 136 / \$ 140<sup>†</sup></b>

Signature of Patient/Parent

Date

Staff

\* \$30 ACH Setup Fee Not Included

<sup>†</sup> Payment amount for final month