



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 _____