

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Average Invisalign Cost:</b>	<b>\$5500-\$7500</b>
<b>Unbelievable All Inclusive Invisalign Treatment</b> Initial consult, X Rays, photos, & scan, Invisalign Clear Aligners, Any necessary additional aligners, a single set of retainers, all Invisalign treatment visits	<b>We Normally Charge \$3879</b>
<b>New Patient Invisalign Coupon 2 weeks ONLY*</b> **Cannot be combined with any other discount or coupon	<b>-\$600</b>
<b>Bringing Your Cost down to an amazingly low</b> Your Estimated Insurance Reimbursement sent to you over the course of treatment: \$ _____	<b>\$3279</b>

Upon completion of your Invisalign consultation our front desk will schedule you for a Data Collection appointment (Scan, photos, X-rays-- all included). **We will collect a \$89 fully refundable deposit to lock in the limited time lowest discount.** That deposit will be credited towards full payment due for the Data Collection appointment or fully refunded if you do not proceed with the Data Collection appointment. There is a 3% surcharge on credit cards with no surcharge on debit cards, HSA, or FSA cards.

### Option 1: **LOWEST TOTAL COST** paid in full at first appointment:

**\$3279 check, cash, credit card, or HSA** (at scan/data collection appointment)

Any insurance reimbursement will be forwarded to you.

### Option 2: **NO CREDIT CHECK** approval thru HFD Financing

**\$89 a paycheck** with \$89 deposit to sign up (payment is linked directly to your bank account)

Only \$4300 if paid off within a year, otherwise 29.99% interest for 36 months totalling \$6445

### Option 3: **LOWEST MONTHLY PAYMENTS** approval thru CareCredit or Cherry

\$167 monthly

\$0 down

0% interest for 24 months totalling \$4008

### Option 4: **LOW DOWN PAYMENTS** with in-office payment plan:

\$1000 down

\$334.75 bi-weekly for 4 months totalling \$3678

### Option 5: **INSURANCE PAYMENT** sent to us and not forwarded to you:

\$3879 minus \$ \_\_\_\_\_ = Down Payment of \$ \_\_\_\_\_  
(Your estimated insurance) (No less than \$1000)

## Do It BETTER, FASTER, for LESS COST

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Team Member Initials: \_\_\_\_\_

Once payment terms are secured there are no refunds.

With Option 2 **NO CREDIT CHECK** approval thru HFD Financing

I understand and agree that I have been charged for Invisalign Data Collection (which occurs the day I pay or agree to payment terms) which has been requested and received as of the date I am signing this document. I understand and agree that all charges for Invisalign Data Collection are payments that I have made and payments that I have agreed to make are non-refundable and non-reversible for any and all reasons. I understand and agree that any attempt to reverse these charges, not fully pay these charges, dispute these charges, through financial and/or legal and/or any other means may and will incur additional costs. And I understand and agree that I will be fully responsible for any and all those additional costs included by House of Dentistry/Anuj Kapadia DMD LLC.

Patient or Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With Option 5 **Estimating Insurance Coverage Agreement**

I understand that if my insurance policy terminates, the maximum runs out or is already used up, or does not cover the full estimated amount, I will be responsible for resolving the remaining balance immediately.

Patient or Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Team Member Initials: \_\_\_\_\_

Once payment terms are secured there are no refunds.