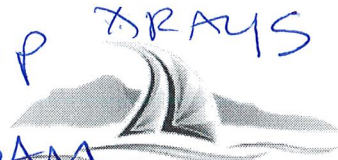


11/18 2:20 P X-RAYS  
 9:50 AM  
 11/29 10 AM Braces -



**Champlain**  
 ORTHODONTICS

Date: October 4, 2021

## ORTHODONTIC PAYMENT PLANS

Patient Name: Leila Flanagan  
 Account Number: 419585  
 Responsible Party: Nancy Dumont

Investment for Orthodontic Treatment:	\$	7,565.00
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
Estimated Ins / MDCD Benefit	\$	-
Out of Pocket Investment	\$	7,565.00

Treatment Type: Full Adolescent Comprehensive Orthodontic Treatment

The investment covers all aspects of the proposed treatment completed in our office including:

- |   |  |
|---|--|
| <input type="checkbox"/> Photographs, X-rays and Study Models | <input type="checkbox"/> 2 Panorex X-Rays (mid-treatment/post-treatment) |
| <input type="checkbox"/> Diagnosis and Treatment Planning     | <input type="checkbox"/> 1 Set of Upper and Lower Retainers              |
| <input type="checkbox"/> Appliances and All Treatment Visits  | <input type="checkbox"/> 24 Months Post Treatment Follow-up              |
| <input type="checkbox"/> Emergency Visits                     | <input type="checkbox"/> Electric Toothbrush                             |
| <input type="checkbox"/> 24 Hour On-Call Service              | <input type="checkbox"/> Custom Mouth Guard                              |

## PAYMENT PLAN OPTIONS

### Option 1

#### PAYMENT IN FULL

with check or cash at the start of treatment

\$ 7,565.00 Out of Pocket Investment  
 \$ (300.00) Courtesy Discount  
 \$ 7,265.00 One Time Payment

with credit card at the start of treatment

\$ 7,565.00 Out of Pocket Investment

### Option 2

#### INTEREST FREE IN-OFFICE

with automatic withdrawal from a debit/credit card

\$ 1,500.00 Down Payment  
 \$ 337.00 for 17 months  
 \$ 336.00 1 Final Payment

### Option 3

#### INTEREST FREE IN-OFFICE

with automatic withdrawal from a debit/credit card

\$ 500.00 Down Payment  
 \$ 295.00 for 23 months  
 \$ 280.00 1 Final Payment

A financial contract must be completed **PRIOR TO** our starting the initial treatment, which could be an appliance impression, band and bracket placement, or an extraction request to a dentist or oral surgeon.

*\*I understand this is only an estimate and that I am personally responsible for any balance not paid by the insurance carrier. Insurance payments are paid over treatment time. Policy must be kept for duration of treatment!*

Champlain Orthodontics

Williston Office: 277 Blair Park Rd., Suite 101, Williston, VT 05495 | Phone: 802-878-5323  
 St. Albans Office: 80 Mapleville Depot, St. Albans, VT 05478 | Phone: 802-527-7100

email to

lisa@champlainortho.net

## Pre-Authorization for Credit Card Charge

I authorize CHAMPLAIN ORTHODONTIC ASSOCIATES LTD. to keep my signature on file and charge my Master Card, Visa or Discover account as indicated below, which will be processed on the 5<sup>th</sup> 15<sup>th</sup> 25<sup>th</sup> of each month.

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

Patient name: \_\_\_\_\_ Account number \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Charge Account Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

CVV  
code:

277 BLAIR PARK RD, STE 101  
WILLISTON, VT 05495  
878.5323

80 MAPLEVILLE DEPOT  
ST. ALBANS, VT 05478  
527.7100

[www.champlainortho.net](http://www.champlainortho.net)

Lisa Solomon, Treatment Coordinator  
[lisas@champlainortho.net](mailto:lisas@champlainortho.net)



Members American Association of Orthodontists



BOARD ELIGIBLE