Dental Care Agreement

Maria Ortiz December 3, 2008

Care covered by this agreement

Periodontal	gum and bone therapy program
Restorative	five laboratory-processed, tooth-colored restorations
Replacement	one implant and restoration, lower partial denture
Cosmetic	whitening
Other	none

Investment Estimate

Estimated Care Fee	$11,595
Estimated Insurance	$800
Estimated Balance	$10,795

Investment Options

1. 5% accounting courtesy - $459 courtesy, $8726 balance
2. Visa, MasterCard, AmEx
3. No-Interest Plan - 24 mouths, $453 per month
4. Extended Pay Plan - 48 months, $311 per month

Comments

I understand that changes in my treatment plan can occur. The actual fee may vary from the estimate above. _____

I understand that my insurance coverage is estimated to be $800 _____

I understand that I, not my insurance company, am responsible for payment in full for all care. _____

_____ _____

date *responsible party*

_____ _____

date *doctor or representative*