

INVISALIGN FINANCIAL OPTIONS/AGREEMENT

I _____ choose the following financial option for my Invisalign Orthodontic treatment from the choices below:

- A. I elect to secure a bank or credit union loan for the entire treatment amount.
- B. I wish to apply for the Capital One Healthcare finance plan endorsed by Dr. Minnoch
- C. I elect to pay the entire amount on day treatment begins with cash or check to receive a 5% discount
- D. I elect to pay the entire amount on day treatment begins with a credit card
- E. I elect to pay 30% of my estimated patient portion (in case of insurance coverage), or 30% of entire treatment amount on the day treatment begins, and then make monthly payments on the balance throughout the course of treatment. Monthly payments will be approximately \$_____.

Patient Signature _____ date _____