invisalign PROVIDER

iTero DIGITAL PRACTICE

Name: Date:

Premiere Dental Invisalign Cost*	$5,600

Insurance Estimate: _____ Patient Estimate: _____

☐ OPTION 1: TOTAL COST

Total Payment=

☐ OPTION 2: Third-party financing

Carecredit, Sunbit, Healthcare Finance Direct Total Payment=

Your Orthodontic Treatment Includes:

Comprehensive Orthodontic Exam
iTero Digital Scan
Orthodontic X-Rays
Periodic Appointments-Aligner checks
3 Year Smile Guarantee
Retainer

We will make every effort to maximize the insurance benefits that each patient is entitled to. If the insurance company does not pay what is expected, the balance of the patient's acount will be the patient's financial responsibility and will be collected before the completion of treatment. Because insurance coverage is a contract between patient/guarantor and their insurance company and the insurance companies do not guarantee payment, Premiere Dental of Abington can only give an estimate of benefits based on what the insurance company has told the office they will "consinder" paying. The insurance company may withhold payment based on exclusions and limitations of the individual plan; the remaining treatment balance will be collected from the patient. If the patient backs out of treatment in the first two months, $2,500 of total value is nonrefundable due to lab costs and chair time.

I have read and understood the above options and statements

Patient Signature:_____ Date:_____

PREMIERE DENTAL