

**FINANCIAL ARRANGEMENT OPTIONS**

**Patricia L. Westerhout, D.D.S.**  
**Dale L. Westerhout, D.D.S., Inc**

Thank you to all our patients for allowing us to treat your dental needs. Before we begin our treatment we would like you to choose the financial arrangement that best fits your financial plan.

Patients **with** insurance

\_\_\_\_\_ Pay patient portion in full at time of visit using cash, check or credit card.  
Balance paid in full \$\_\_\_\_\_.

\_\_\_\_\_ Finance patient portion, including any current balances that are existing on the account within a 3-month period beginning with treatment date, ending at the third statement.

Current balance due now on account \$\_\_\_\_\_  
Treatment plan amount \$\_\_\_\_\_  
Total amount financed \$\_\_\_\_\_

\_\_\_\_\_ Capital One Dental Fee plan

Patient **without** insurance

\_\_\_\_\_ Pay patient balance in full with cash or check and receive a 5% discount.

\_\_\_\_\_ Pay patient balance in full using our credit card system. (Sorry, no discount.)

\_\_\_\_\_ Finance patient balance over a 3-month period beginning at the treatment date, ending at the third statement.

Current balance due now on account \$\_\_\_\_\_  
Treatment plan amount \$\_\_\_\_\_  
Total amount financed \$\_\_\_\_\_

I agree to the above terms and understand that I am responsible for all treatments not covered by insurance. Insurance coverage is only an estimation.

Patient signature: \_\_\_\_\_ Today's date: \_\_\_\_\_