



Peter L. Chapman, D.D.S., M.S.D.

Financial Policy and Payment Options

In our continuing efforts to providing quality orthodontic care in a professional, understanding and caring atmosphere, we have developed the following financial plan options:

Orthodontic Treatment

We have three (3) financial payment options available:

1. Payment in Full

A bookkeeping courtesy of 3% is given for Visa, MasterCard, or Discover payments received in full prior to the start of treatment. A bookkeeping courtesy of 5% is available for cash or check payments received in full prior to the start of treatment.

2. No Initial Payment Plan

Financing is available with Care Credit or Citi Health Card, both outside financing agencies. No initial down payment is required. With Care Credit, Interest free payment plans may be available for six (6) or twelve (12) months, depending upon the total amount financed. With Citi Health Card, interest free payment plans may be available for six (6), twelve (12), or eighteen (18) months, depending upon the total amount financed. Interest payment plans with both agencies are available with longer financing periods, depending upon the total amount financed.

3. Initial Payment Plan

A specified initial down payment is due, in full, prior to the start of treatment. The balance is paid in monthly payments over a specified time period. There is no interest fees charged with our in-office financing plan, and an automatic monthly credit or debit card, or automatic ACH must be set up for any in-office financing.

Those patients who plan on taking advantage of the interest free, no initial payment plan will need to apply in the name of **one** individual who will be responsible for the loan.

Care Credit, 1-800-365-8295, or on line at www.carecredit.com

Citi Health Card, on line at www.healthcard.citicards.com, or 1-866-832-8762

For those patients who plan on taking advantage of the in-office, initial payment plan, it will be necessary to have all information of both parents and their signatures on the Patient Information sheet so that credit can be extended. In the case of divorced parents, it will be necessary to have the custodial parent and the non-custodial parent information (if they will be financially responsible and/or have insurance benefits) and signatures on the Patient Information sheet. Also, please be aware that not only is the initial payment due prior to the start of treatment, we will also require both parents' signatures on the Financial Contract when credit is extended from our office.

If we are processing two separate payments per month, via ACH, there will be a one time administrative fee assessed in the amount of \$25 added to the total account balance.

We will continue to accept assignment of benefits for orthodontic insurance coverage that you may have available to you. Please note that you are responsible for full payment of orthodontic treatment, in the event that insurance coverage terminates or changes during the course of treatment.

Pre-Treatment Records

Payment is expected at the time of service. If you have insurance, we will file an insurance claim for any benefits which you may have available to you. In most cases, the lifetime maximum benefits available will be applied towards the orthodontic treatment.

If you have any questions regarding our financial policy or payment options, please don't hesitate to contact our office.

www.drchapmanorthodontics.com

Orthodontics of Central Indiana, P.C.

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