

# ZircTeeth

## Financial Solutions

Patient Name: 0 \_\_\_\_\_ Presented by: 0 \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Treatment Plan: ZircTeeth - Esthetic 0  
All surgical and prosthetic steps, including temporaries and CAT scans  
Five year warranty and 1 month guard included

\_\_\_\_\_ days.  
Total fee: \_\_\_\_\_  
Estimated Insurance Benefits: N/A  
Total due after insurance: N/A

### Save money

Payment in Full - Discount You save: N/A You pay: N/A  
Due at time of scheduling with cash or check payment only.

### No down payment

**Solution # 1:**  
Lending Club™ financing. No interest and Extended flexible payment options with approved credit.  
Quick application with NO impact on your credit report

### Most Patients Approved

**Solution # 2:**  
My Care Finance (bank account is required) Down Payment Required: N/A

No Interest Option	Estimated 6 monthly payments of:	N/A
5% One time fee	Estimated 12 monthly payments of:	#VALUE!
15.99% Estimated APR	Estimated 18 monthly payments of:	N/A
15.99% Estimated APR	Estimated 24 monthly payments of:	N/A
15.99% Estimated APR	Estimated 36 monthly payments of:	N/A
15.99% Estimated APR	Estimated 42 monthly payments of:	N/A
15.99% Estimated APR	Estimated 48 monthly payments of:	N/A
15.99% Estimated APR	Estimated 60 monthly payments of:	N/A

### I Choose:

Save Money  
 No Down Payment  
 Compassionate Finance  
I choose \_\_\_\_\_ monthly payments

### Notes:

I understand that there will be a \$100 fine for every missed, declined or late payment, and its my full responsibility to make sure that there will be enough fund for every transaction.

\_\_\_\_\_  
Patient (or responsible party) Signature

\_\_\_\_\_  
Date