Bagnall Family Dentistry LLC.

16 Haverhill St
Andover, MA 01810
(978) 475-3997

Patient Name: _____ Date:_____

Average Invisalign Cost: **$5500-$7500**

Invisalign at Bagnall Family Dentistry:

All Inclusive Invisalign — Our normal sale $3879

Initial consult, X-rays, photos & scans, Invisalign Clear Aligners, any necessary additional aligners, a single set of retainers, all Invisalign treatment visits.

New Patient Invisalign Coupon 2 weeks ONLY* — - $600

*Cannot be combined with any other discount or coupon

All Inclusive Invisalign **$3279**

Your Estimated Insurance Reimbursement sent directly to you over the course of treatment: $_____

5 Easy Payment Options (Please circle one):

Lowest Total Cost: $3279

$3279 check, cash, credit card, or HSA. Due in full at data collection appointment.

$89 a paycheck EVERYONE APPROVED

$89 a paycheck with $89 deposit at signup. Payment by direct ACH from your bank account. Deposit may be made by credit card. $4314 interest free if paid within a year, otherwise 29.99% interest for 36 months totaling $6456. There is a soft credit check that is not reported. 100% approval except prior money laundering, open bankruptcy, or HFD delinquency.

12 Month Interest Free Financing

Approximately $275.31/month at 0.00% APR. Subject to approval by Cherry Financing with soft credit check. Payment amount and approval not guaranteed. Total financed $3579.

Low Down Payment In-Office Payment Plan

$1000 down, $334.75 bi-weekly for 4 months totaling $3678

Insurance Payment sent to us instead of you*

$3579 minus $_____ = down payment of $_____ (no less than $1000)
*Does not apply to United Concordia, or COBRA.

Patient Signature: _____ Date:_____ Team Member Initals:_____

Once payment terms are secured there are no refunds.

With Option 2: NO CREDIT CHECK with approval through HFD Financing

I understand and agree that I have been charged for Invisalign Data Collection (which occurs the day I pay or agree to payment terms) which has been requested and received as of the date I am signing this document. I understand and agree that all charges for Invisalign Data Collection and payments that I have made and payments I have agreed to make are non-refundable and non-reversible for any and all reasons. I understand and agree that any attempt to reverse these charges, not fully pay these charges, dispute these charges through financial and/or legal and/or any other means may and will incur additional costs. I understand and agree that I will be fully responsible for any and all of those additional costs incurred by Bagnall Family Dentistry.

Patient or Responsible Party Signature:_____ Date:_____

With Insurance Involvement: Estimating Insurance Coverage Agreement

I understand that if my insurance policy terminates, the maximum runs out or is already used up, or does not cover the full estimate amount, I will be responsible for resolving the remaining balance immediately.

Patient or Responsible Party Signature:_____ Date:_____