Sierra Dental
Martin Williams, D.D.S.
2726 Riverview Dr.
Green Bay, WI 54302

Financial Arrangements

The treatment described and explained is listed in detail on the treatment plan dated __/__/__.
Financial arrangements are being made specifically for the following treatment:
__Full treatment plan of the date listed above __Quadrant (specify_____)
__Limited plan (specify exact treatment):_____

Total fee for the treatment above: $_____
Estimate* of the insurance portion: $_____
Total amount due from patient: $_____

*Insurance patients please note: As described on page one, the total fee charged is your obligation. Once your insurance has paid, any difference is due and payable by you. If your insurance carrier has not paid with in 45 days following a claim, the entire balance is due and payable at that time.

Initial_____

Please place a checkmark next to the plan you are choosing:

__Plan A—Full fee, less 5% pre-payment courtesy(payment by cash, check or care credit, 5 days prior to treatment)
$_____ Total fee
$_____ Courtesy
$_____ Amount due 5 days ahead
$_____ Total fee

__Plan B—Full fee paid at the time of treatment; (payment by cash, check, or credit card)
$_____ Estimated to be paid by insurance
$_____ Amount due
$_____ Total fee

__Plan C—Care Credit Financing
$_____ Estimated by insurance
$_____ Total amount due with Care Credit.

I understand my financial options and obligations as described above and on page one. I understand that 48 hours noticed is required for schedule changes and that balances of 45 days are my responsibility. The treatment plan has been explained to me, and I have agreed to the terms listed. The financial proposal must be accepted with in 30 days from the below date.

_____ _____ _____
Patient/ Guarantor Signature Date Staff member Signature