

Financial Contract

The following information is your financial contract for oral device therapy for an obstructed sleep airway. The total cost of the device therapy is your responsibility. A deposit is required at the impression visit to cover the fabrication cost of the custom oral device. The deposit is non refundable. Unless other financial arrangements have been made, the remaining balance is due at the time the oral device is delivered. There is no benefit with dental insurance for an oral device for obstructed sleep breathing. Medical insurance benefits may be available depending on specific conditions. The insurance benefit may be issued to the insured. The contract with insurance is between you and your insurance and benefits may will be issued to the insured (patient).

Procedure		Fee	Financial Arrangements			
Oral Device		\$2600.00	Payments Due			
Examination		\$125.00	Amount Due		On	
Records			Amount Due		On	
Other		-\$125.00	Amount Due		On	
Deposit Amount	\$1300.00		Finance Company Arrangements			
Balance Due		\$1300.00	Finance Company			
			Finance Amount		Finance Term	
Additional Visits			Payments of		Due Beginning	

I, _____, have read and understand this financial contract and I accept the terms and conditions . I authorize payment on my credit card as agreed to in this contract.

_____ Visa Master Card Other

Expiration date: _____ CRV _____

Patient Signature: _____ Date: _____

Witnessed By: _____ Date: _____