SACRAMENTO SPA DENTISTRY

INVISALIGN SPECIAL PRICING & PAYMENT OPTIONS

Patient Name: _____ Date: _____

Average Invisalign Cost: **$5,500 – $7,500**

Sacramento Spa Dentistry All-Inclusive Invisalign Cost: **$3,879**

- All-inclusive Invisalign treatment includes:
  - Initial consult, X-rays, photos and scan, Invisalign Clear Aligners, any necessary additional aligners, a single set of retainers and all Invisalign treatment visits

New Patient Invisalign Coupon: **-$600**

- Coupon is valid for ONLY 2 weeks and can not be combined with any other discount or coupon

Your All Inclusive Invisalign treatment total: $3,279

Total Cost	New Patient Coupon	Est. Insurance	Your Patient Investment
$3,879	-$600 Expires on _____	$ _____	$ _____

Upon completion of your Invisalign consultation, a front desk team member will schedule your Data Collection appointment and collect your $89 deposit.

This refundable $89 deposit not only reserves your visit, but locks in the limited time discount. This deposit amount will be credited towards the full payment that is due for the Data Collection Appointment or fully refunded if you do not proceed.

FIVE EASY FUNDING OPTIONS

1

Lowest Total Cost
$3,279

- Cash
- Check
- HSA

Due at time of scanning/data collection appointment

☐

2

Everyone Approved
$89
HFD Financing

$89 deposit at signup (payment linked directly to your bank account) Only $4300 if paid off within one year, otherwise. 29.99% interest for 36mo totaling $6445

*Soft credit check- not reported.
*100% approval

☐

3

Lowest Monthly Payments
With Care Credit Approval

- $167 monthly
- $0 down
- 0% interest for 24 months

Totaling $4008

☐

4

Low Down Payments
With in office payment plan

$1000 down and $334.75 bi-weekly for 4 months.

Totaling $3678

☐

5

Insurance Payment

$3,879
-$ _____ (est ins)

Total down payment of $ _____

*I understand that if my insurance policy terminates, the maximum runs out, or does not fully cover the full estimated portion, I will be responsible for the remaining balance immediately

☐

DO IT BETTER, QUICKER, FOR LESS COST

Patient Signature: _____ Date: _____ Team Member Initial: _____

*Once payment terms are secured there are no refunds