

# Financial Arrangements - Sample

Patient Name: Merry Patient Date: Date

## Costs associated with this Care Plan

70 visits x 100 per visit (avg.) = 7000

2 x-ray(s) x 49 each = 98

Total Estimated Insurance Payment = - 0

Subtotal = 7098

Total = 3549 Savings: 3549

### Monthly Enrollment

10% Savings = 355

Reduced Total: 3194

20% Deposit - 639

Insurance + 0  
(Patient Responsibility)

Balance Due: = 2555

# 11 (Mos.) = 232 / month

### Pre-Payment

20% Savings = 710

Reduced Total: 2839

Insurance: + 0  
(Patient Responsibility)

Balance Due: = 2839

Prepared By: Sally, CA

Patient Signature: Merry Patient

Date: Date

Date: Date