

Frank R. Helm, dmd, msd

Orthodontics for Children and Adults

3931 Grand Avenue | Oakland CA 94610 | 510.653.2205 fax: 510.653.1851 fhelmortho@gmail.com helm-ortho.com

Payment Options

Patient Name: _____ Date*: ____

eatment (Tx):		Est. Tx time:	
Fee for orthodontic treatment *fees remain valid for six months from date above			
Fee for orthodontic records			
	\$	(subtotal 1)	
Estimated insurance payment (If for any reason the estimated amount is not paid by your insurance company, it becomes your obligation.)	(–)		
	\$	(subtotal 2)	
Sibling or other discount	(–)		
Total patient responsibility	\$		
this important health service. Being sensitive to fulfilling their financial obligations, we are prov 1. Payment in full (5% credit)	•	•	
Previous total – 5% () = New total \$		
Previous total – 5% () = New total \$		
2. In-Office payment plan	(%) = Ba	alance \$	
2. In-Office payment plan (–) Downpayment of \$	(%) = Ba	alance \$	

Note: The timetable for the following payment plans do not correspond with the length of patient treatment. In addition, the orthodontic fee does not include negligently lost or damaged appliances, repair for appliances, missed appointments or charges for general dentistry, surgery or X-rays.