



Welcome to Bernstein Orthodontics where we fix your smile, Bernstein style!

To help meet your financial expectations, we ask that you fill out this simple form so we can customize your treatment options for you. Investing in a smile is one of the best choices you can make!

Patient Name: \_\_\_\_\_

If treatment is recommended for you/your child, what is your ideal **DOWN** payment?

- \$300 - \$499
- \$500 - \$749
- \$750+
- I would like to pay in full and receive a courtesy discount
- I have an HSA or FSA I would like to use

If treatment is recommended for you/your child, what is your ideal **MONTHLY** payment?

- \$100 - \$199
- \$200 - \$299
- \$300 - \$399
- I have an HSA or FSA I would like to use

If treatment is recommended for you/your child, what is your desired time frame to begin this exciting journey?

- I would like to get started today
- I would like to get on the schedule
- I am shopping around for other opinions
- I am unsure