



Dental Implants • Oral Cosmetic Surgery • Gum Disease

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Financial Agreement

Patient Name: _____ Date: _____

Discounts

To be eligible for any discounts, full payment must be made at least **two weeks** prior to the scheduled treatment date. **(Excludes All on 4,5,6 cases)**

- Receive a 5% Courtesy Discount for any treatment priced over \$450 when payment is made via cash, check or debit.
- Receive a 3% Courtesy Discount for any treatment priced over \$450 when payment is made via credit card.

Price Breakdown

Phase 1 Treatment Cost _____ 5% Discount _____ 3% Discount _____

Phase 2 Treatment Cost _____ 5% Discount _____ 3% Discount _____

Phase 3 Treatment Cost _____ 5% Discount _____ 3% Discount _____

Phase 4 Treatment Cost _____ 5% Discount _____ 3% Discount _____

Initial deposit to reserve your appointment is a minimum of \$500.

For your convenience we can keep your credit card on file with our secure vault through Rectangle Health for deposits or payments.

All payment is required at the time of service. As a courtesy to our patients, we will submit all insurance claims and pre-estimates. Insurance reimbursement will go back to the patient.

- ☐ I understand that my dental insurance is a contract between the insurance carrier and me, not between Periodontics Limited and the insurance carrier.

I acknowledge and understand my financial responsibilities with Periodontics Limited.

Patient Signature _____ Date _____

Financing Options (No Discounts Apply)

- Care Credit and Lending Club offer 6 or 12 months interest free special financing **(Excludes All on 4,5,6 cases)**
- Interest will be charged to your account from the purchase date if the purchase balance is not paid in full within the promotional period. Extended financing available also, (with interest).
- You are welcome to apply on our website at www.lvperio.com under the patient center.

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