



FINANCING PLAN FOR PERIODONTAL SURGERY

Tymkiw Periodontics is pleased to offer an interest-free financing plan for qualified clients. As such, we reserve the right to conduct a credit check before entering into a financing plan.

How the Plan Works

Upon acceptance of proposed treatment and prior to the treatment being initiated, the applicant pays for 50% (fifty percent) of the full treatment plan with the remainder to be divided into equal payments according to the following payment schedule:

Balance owing	Length of Financing
< \$5000	Three (3) Months
\$5000 - \$10,000	Six (6) Months
> \$10,000	Nine (9) Months

Payment of the initial 50% is due at time of booking or within two (2) weeks of scheduled treatment whichever is less. Should the patient elect not to proceed with treatment, all pre-payments will be returned less a \$100 processing fee.

Financial Arrangements

Financed payments to be made via Credit Card (Visa or Mastercard only) with the card number, expiry date* and CVC left on file. The financed payments will be withdrawn monthly on the 1st or 15th of the month with the first payment coming no more than 30 days post initial treatment date.

Monthly payments can be made using cash or check however a credit card is still required to secure the payment in the event of insufficient funds or late payment.

*If Credit Card expires before balance is due to be paid in full, another credit card may be required to be kept on file.

Example

Proposed treatment is \$6000. Client agrees to treatment plan and books surgery for March 5. \$3000 is paid at time of booking. Remaining \$3000 is divided into three equal monthly payments of \$1000 paid on Apr 1, May 1, and June 1 respectively.

Dr. Keelen D. Tymkiw

Certified Specialist in Periodontics

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E-mail: keelen@tymkiwperio.com, WEB: www.tymkiwperio.com

PAYMENT PLAN AGREEMENT

I, _____ agree to the remit the following payment amounts to Dr. Keelen D Tymkiw, Inc:

	Amount	Payment Date
Pmt 1		
Pmt 2		
Pmt 3		
Pmt 4		
Pmt 5		
Pmt 6		
Pmt 7		
Pmt 8		
Pmt 9		

This payment plan is interest free and free of billing charges for the payment period; however, I understand that in the event any of my payments are more than five (5) days late, a monthly finance charge of 2% may be applicable. These finance charges will accrue from the original charge date.

Method of Payment

Credit Card

VISA®

MasterCard®

Credit Card Number _____

Expiration Date _____

CVC _____

I authorize Dr. Keelen D. Tymkiw Inc to keep my signature on file and charge my payments to the credit card detailed above.

Signature of Responsible Party/Credit Card Holder

Date