

Corrective Care - Third Party - Sample

Costs associated with this Care Plan

(26 cash visits remain, after third party claim + general insurance)

26 visits x 100 per visit (avg.) = 2,600

2 x-ray(s) x 0 each = 0

Total = 2,600

(If applicable) Total Estimated Insurance Payment = 0

Remaining Balance = 2,600

Reduced Payment Total = 1,300 Savings: 1,300

(If applicable) Patient Responsibility Co-Pays = 400 Total: 1,700
(\$20 x 20)

Monthly Enrollment	
(10% Discount)	
Total Due:	= <u>1,700</u>
Discount:	= <u>170</u>
Deposit:	= <u>306</u>
Balance Due:	= <u>1,224</u>
# <u>11</u> (Mos.)	= <u>111</u>

Pre-Payment Discount	
(20% Discount)	
Total Due:	= <u>1,700</u>
Discount:	= <u>340</u>
Balance Due:	= <u>1,360</u>