

Quick Enrollment Form

Use as needed, circle option & shred after processing

ONE ARCH: UPPER / LOWER (circle one)

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT DISCOUNT
Pay In Full	\$440	\$325
Payment Plan	3 months x \$153.33	3 months x \$115

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT DISCOUNT
Pay In Full	\$880	\$650
Payment Plan	6 months x \$153.33	6 months x \$115

Name of Patient: _____ **DOB:** _____

Shipping Address: _____ **PHASE I / TRADITIONAL (circle one)**

Phone Number: _____ Email Address: _____

Credit Card:

Visa Mastercard Discover Amex HSA FSA

Card Holder Name: _____ Card Number: _____

Exp Date: _____ CW: _____ Withdrawal Date: _____

Billing Address: _____

Payment Option:

Pay In Full Payment Plan Length & Amount: _____

