

# We Offer **Convenient Monthly** Payment Plans...

Subject to credit approval, see inside for details.



**CareCredit®**



## ... So Everyone Can Have a **Healthy** and **Beautiful** **Smile** Today!

Because your smile is important to us, we offer CareCredit<sup>®</sup>, a healthcare credit card specifically designed to pay for treatments and procedures not covered by insurance. CareCredit has two unique features. Every CareCredit transaction is eligible for a No Interest\* Plan or Low Interest Payment Plan and you can use the card at all healthcare practices that offer CareCredit. As the leader in patient financing, CareCredit has made it easy for millions of patients nationwide to get the treatment they want and need. For treatment fees from \$1 to over \$25,000, CareCredit has a variety of low minimum monthly payment plans. So you can start treatment today and use it again and again without having to re-apply!<sup>o</sup>

### With CareCredit You Can:

- Pay for co-payments, deductibles, and treatment not covered by insurance
- Start treatment immediately and pay over time with low minimum monthly payments
- Pay for other healthcare expenses for you and your family without having to re-apply<sup>o</sup>
- Reserve existing credit cards for household or unplanned expenses
- Apply quickly and easily
- Apply online at CareCredit.com or call (800) 365-8295

<sup>o</sup> See back for details  
<sup>o</sup> Subject to credit approval

**\*No Interest if Paid in Full within 6 or 12 Months** on purchases with your CareCredit card. Interest will be charged to your account from the purchase date if the promotional balance, including optional charges, is not paid in full within 6 or 12 months or if you make a late payment. Minimum Monthly Payments Required.

CareCredit<sup>®</sup> Offers Two Types of Payment Plans:

- No Interest\*
- Low Interest

Here's How They Work:

#### 6 or 12 Month No Interest\* Payment Plans

- Pay for treatment over 6 or 12 Months with No Interest\*.
- As long as you pay the low minimum monthly payment each month when due, and the balance in full by the end of the 6 or 12 month term, no interest will be charged on your purchase.

#### 24, 36, 48, or 60 Month Low Interest Payment Plans (14.90% APR)

- Enjoy low minimum monthly payments with the 24, 36, 48, or 60 month plans.
- The 14.90% annual percentage rate is lower than average credit cards and makes convenient, fixed, low minimum monthly payments possible.
- For fees of \$1,000 or more on 24, 36 and 48 months, and for \$2,500 or more on 60 months.

CareCredit's Payment Plans can be used repeatedly — for yourself, your entire family, and even your pets — with no need to re-apply.<sup>o</sup>

**Not all plans available in all offices.**

# CareCredit® Estimated Monthly Payments

Based upon your treatment fee, choose the estimated monthly payment that is best for you.  
**NOT ALL PLANS AVAILABLE IN ALL OFFICES.**

Treatment Fee	No Interest* Payment Plans If paid within promotional period <i>(minimum monthly payments required)</i>			14.90% Extended Payment Plans <i>(Estimated monthly payments include interest**)</i>			
	Minimum Monthly Payment† <i>(3.25% of balance or \$15)</i>	<i>(Estimated monthly payment to avoid interest**)</i>		24 Month	36 Month	48 Month	60 Month
		6 Month	12 Month				
		For All Fees	For Fees From \$300	For Fees From \$1,000			For Fees From \$2,500
\$1,000	\$15	\$15-\$49	N/A	N/A	N/A	N/A	N/A
\$500	\$15	\$50	\$25	N/A	N/A	N/A	N/A
\$200	\$16	\$83	\$42	N/A	N/A	N/A	N/A
\$100	\$20	\$100	\$50	N/A	N/A	N/A	N/A
\$75	\$23	\$117	\$58	N/A	N/A	N/A	N/A
\$50	\$26	\$133	\$67	N/A	N/A	N/A	N/A
\$25	\$29	\$150	\$75	N/A	N/A	N/A	N/A
\$1,000	\$33	\$167	\$83	\$48	\$35	\$28	N/A
\$2,000	\$39	\$200	\$100	\$58	\$42	\$33	N/A
\$1,500	\$46	\$233	\$117	\$68	\$48	\$39	N/A
\$1,200	\$49	\$250	\$125	\$73	\$52	\$42	N/A
\$1,000	\$65	\$333	\$167	\$97	\$69	\$56	N/A
\$1,500	\$81	\$417	\$208	\$121	\$87	\$69	\$59
\$2,000	\$98	\$500	\$250	\$145	\$104	\$83	\$71
\$2,500	\$114	\$583	\$292	\$170	\$121	\$97	\$83
\$3,000	\$130	\$667	\$333	\$194	\$138	\$111	\$95
\$3,500	\$146	\$750	\$375	\$218	\$156	\$125	\$107
\$4,000	\$163	\$833	\$417	\$242	\$173	\$139	\$119
\$4,500	\$244	\$1,250	\$625	\$363	\$260	\$208	\$178
\$5,000	\$325	\$1,667	\$833	\$484	\$346	\$278	\$237
\$7,500	\$488	\$2,500	\$1,250	\$727	\$519	\$417	\$356
\$10,000	\$650	\$3,333	\$1,667	\$969	\$692	\$556	\$475
\$15,000	\$813	\$4,167	\$2,083	\$1,211	\$865	\$695	\$593

For amounts not on this chart or for amounts over \$25,000, please consult your dental provider.

To estimate monthly payments for treatment fees or apply online, visit [www.carecredit.com](http://www.carecredit.com).  
 You can also apply at 800-365-8295.

\*\* See back panel for details.

^ Under the No Interest Plans, each month you are only required to pay the required minimum monthly payment in the column to the left and to avoid interest, the promotional purchase must be paid in full within the promotional period. The amounts in these columns are the amounts to be paid if you choose to make equal monthly payments and take advantage of the promotion.

† Minimum monthly payment may increase when APR exceeds 24.00%. See back panel for additional details.

Applying for CareCredit is quick and easy. Simply choose the option you prefer.



## IN PERSON

- Ask us for an application
- Complete and sign the application
- Return to our practice for processing



## ONLINE

- Go to **www.carecredit.com**
- Fill out patient application
- Receive decision immediately
- Contact our practice to schedule treatment



## BY PHONE<sup>+</sup>

- Call **(800) 365-8295** and follow the prompts
- Receive decision immediately
- Contact our practice to schedule treatment

<sup>+</sup> Applicants must be 21 years of age to apply via phone

## Where can I use CareCredit?

CareCredit can be used to pay for treatment for you and your entire family<sup>o</sup> at over 100,000 participating healthcare practices nationwide for:

- Dentistry
- Vision Care (Including LASIK)
- Veterinary Medicine
- Audiology
- Cosmetic Surgery
- Other Healthcare Specialties including: Chiropractic Treatment, Hair Restoration, Weight Loss, and more

To find a provider in your area, please visit [www.carecredit.com](http://www.carecredit.com).

## Frequently Asked Questions

### Can I use my CareCredit card for other family members?

Yes. You can use CareCredit for your entire family's healthcare needs (even the family pet) without having to reapply.<sup>o</sup>

### Is the information I provide CareCredit confidential?

Yes. Your privacy is important to us. We guarantee all personal information you provide will be kept strictly confidential.

### Can I use my CareCredit card again?

Yes. As long as you have credit available, you can use CareCredit multiple times for other treatments, and have different promotional plans on your account at the same time without having to reapply.<sup>o</sup>

### How do I pay my monthly balance?

You will receive a monthly statement. Simply pay your monthly balance by mail with a check or money order. Or you can pay online at [www.carecredit.com](http://www.carecredit.com).

### Will using CareCredit cause problems with my insurance?

No. CareCredit is a revolving line of credit designed specifically to help you pay for healthcare expenses not covered by insurance and does not affect your insurance coverage in any way.

### Who do I call if I have questions?

We have Customer Support Representatives available to assist you with all your account needs at (866) 893-7864.

### Can I begin treatment right away even if I haven't received my CareCredit card?

Yes. You can use your CareCredit account immediately. You will receive your card in the mail within 3 weeks.

<sup>o</sup> Subject to credit approval



### No Interest if Paid in Full within 6 or 12 Months

on purchases with your CareCredit card. Interest will be charged to your account from the purchase date if the promotional balance, including optional charges, is not paid in full within 6 or 12 months or if you make a late payment. Minimum Monthly Payments Required.

\*Valid on CareCredit account. A minimum purchase amount may be required for promotional plans longer than 6 months in duration. On promo purchase balance, monthly payments required, but no Finance Charges will be assessed if (1) promo purchase balance paid in full in 6 or 12 months, and (2) all minimum monthly payments on account paid when due. Otherwise, promo may be terminated and treated as a non-promo balance. Finance Charges will be accrued at the Purchase APR and assessed from purchase date. Standard terms apply to non-promo purchase and optional charges. Promo purchases on existing accounts may not receive full benefit of promo terms, including reduced APR if applicable, if account is subject to penalty APR. Payments over the minimum will be applied as required by applicable law. **As of 2/1/10, APR 24.99%** & on all accounts in default, **Penalty APR: 29.99%**. Minimum Finance Charge \$2.00. Subject to approval by GE Money Bank.

### 14.90% APR and Fixed Minimum Monthly Payments for 24, 36, 48 or 60 Months

on purchases of \$1000 or more (24, 36, 48 months) or \$2500 or more (60 months) with your CareCredit card. Accounts at Penalty APR ineligible for reduced APR. Fixed Minimum Monthly Payments Required. Penalty APR may apply if you make a late payment.

\*Valid on purchase of \$1000 or more (24, 36 or 48 months) or \$2500 or more (60 months) made on a CareCredit account. On promo purchase, fixed monthly payments equal to 4.8439% of initial purchase balance for 24 months; 3.4616% of initial purchase balance for 36 months; 2.7780% of initial purchase balance for 48 months; or 2.3737% of initial purchase balance for 60 months required, and Finance charges will be applied to promo balance at a reduced **14.90% APR** if (1) promo purchases paid in full in 24, 36, 48 or 60 months, as reflected on the front side of your sales slip and (2) all minimum monthly payments on account paid when due. Otherwise, promo may be terminated and treated as a non-promo balance. Standard terms apply to non-promo purchases, and optional charges. Purchase APR or Penalty APR (if applicable) up to **29.99%** apply to expired and terminated promotions and optional charges. Promo purchases on existing account may not receive full benefit of promo terms, including reduced APR if applicable, if account is subject to penalty pricing. Payments over the minimum will be applied as required by applicable law. **As of 2/1/10, APR 24.99%** on all accounts in default, **Penalty APR 29.99%**. Minimum Finance Charge of \$2.00. Subject to approval by GE Money Bank.

### Payment Estimator Additional Disclosure

† Estimated first minimum monthly payment. Future minimum payments will vary based on amount and timing of payments, interest rate and other charges added to account. You may always pay more. The more you pay each month, the quicker your balance will be repaid and the lower your total finance charges will be.

**CareCredit**<sup>®</sup>

182-277-00 Rev. 01/10

[www.carecredit.com](http://www.carecredit.com)

# CareCredit®

## With CareCredit . . .

- ✓ Start care immediately
- ✓ Pay over time with low monthly payments
- ✓ For yourself and your family
- ✓ Two Types of Promotional Plans Available:

- No Interest if Paid in Full with 6, 12, 18 or 24 Months †**  
**(See page 3 for details)**

On purchases with your CareCredit card. Interest will be charged to your account from the purchase date if the promotional balance, including optional charges, is not paid in full within 6, 12, 18 or 24 months or if you make a late payment. Minimum Monthly Payments Required.

or

- 14.90% APR & Fixed Minimum Monthly Payments**  
**for 24, 36, 48 or 60 Months ††**

On Purchases of \$1,000 or more (24, 36 or 48 months) or \$2,500 or more (60 months) with your CareCredit card. Accounts at Penalty APR ineligible for reduced APR. Fixed Minimum Monthly Payments Required. Penalty APR may apply if you make a late payment.

### Step 1 Please follow these guidelines when completing your application:

- ✓ Please have available, two forms of ID that can be verified: one primary ID and one secondary ID or two primary IDs. If using a co-applicant, the co-applicant must be present and also provide two forms of ID. Acceptable primary ID are State issued driver's license (preferred), government issued ID, Non Driver State issued ID, Passport, Military ID or Government issued Green/Resident Alien card. Acceptable secondary ID are Visa, MasterCard, American Express, Discover, department store or an oil company credit card with an expiration date.
- ✓ Please include all forms of income from all full and part-time jobs, bonuses, commissions, and investments. You need only include child support, alimony, or separate maintenance income if you wish this income to be considered in your application.
- ✓ Please note that you must reside in the United States and be 18 years or older to apply.

### Step 2 Please complete the rest of the application on the reverse side →



A credit service of GE Money Bank

### APPLICATION AND CREDIT CARD AGREEMENT

For Providers: (800) 859-9975  
For Patients/Clients: (800) 365-8295  
Submit by INTERNET: CARECREDIT.COM

TOP SECTION FOR OFFICE USE ONLY

<b>ESTIMATED FEE \$</b>		<b>Office Merchant #</b>		Pre-Approval Offer <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____	
Photo ID verified (initial):	Applicant 1st ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Applicant 2nd ID Type / Issuer	Exp. Date
Provided by GE Money Bank:	Account #	Authorization # or Key #		Approved Credit Limit	

### 1. APPLICANT INFORMATION: Please tell us about yourself.

For WI residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - -	Home Phone No. ( )
Mailing Address*	Apt. #	City	State	Zip
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name		Street Address (Street Name and Number)		City State Zip
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ( )	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Monthly Net Income From All Sources \$ _____	Employer's Phone No. ( ) -
E-Mail Address (optional)		By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.		

### 2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF CO-APPLICANT REQUESTING A "CARECREDIT CREDIT CARD")

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - -	Home Phone No. ( )
Mailing Address *	Apt. #	City	State	Zip
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name		Street Address (Street Name and Number)		City State Zip
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ( )	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Monthly Net Income From All Sources \$ _____	Employer's Phone No. ( ) -
Co-Applicant ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Co-Applicant 2nd ID Type / Issuer	Exp. Date
E-Mail Address (optional)		By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.		

### 3. APPLICANT and CO-APPLICANT: We need your signature(s) below

I am providing the information in this application to GE Money Bank ("GEMB"), to CareCredit LLC, to participating professionals ("Participating Professionals") that accept the CareCredit Credit Card ("Card") and to program sponsors, and asking GEMB to issue me a Card. By applying for this account, I authorize and agree that:

- GEMB may furnish this and other information about me (even if my application is denied) and my account to CareCredit LLC and to Participating Professionals and program sponsors (and their respective affiliates) to create and update their records, and to provide me with service and special offers.
- GEMB may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the GEMB Credit Card Agreement ("Agreement") a copy of which is attached will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS**; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants GEMB a security interest in the goods purchased on the account as permitted by law.
- I consent to GEMB and any other owner or servicer of my account contacting me about my account, including using any contact information or cell phone numbers I provide (whether now or in the future), and I consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting me, even if I am charged for the call under my phone plan.
- This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies).

Federal law requires GEMB to obtain, verify and record information that identifies applicants when opening an account. GEMB will use applicants' name, address, date of birth, and other information for this purpose.

If I have been pre-approved, I request that you open the type of account for which I was pre-approved. I have read the Prescreen Disclosures, Key Credit Terms and Agreement on the next pages and have been provided my credit line applicable to the account. GEMB reserves the right to refuse to open an account in my name if GEMB determines that I no longer meet GEMB's credit criteria or if I do not meet GEMB's debt to income requirements.

Signature of Applicant <b>X</b> _____ (Please Do Not Print)	Signature of Co-Applicant (If Applicable) <b>X</b> _____ (Please Do Not Print)
Date	Date

182-077-00  
Revision Date: 2/2010  
DATE OF PRINTING 12/09

PLEASE READ AND KEEP THE GE MONEY BANK CREDIT CARD AGREEMENT AND THE KEY CREDIT TERMS BEFORE SIGNING THIS APPLICATION.