

## Instalment plan



- simple, quick and unbureaucratic
- monthly instalment of €25.00
- individual pay-off terms of up to 48 months
- deferring instalment payments
- special payments or early repayment are possible free of charge at any time
- free from interest and fees for a pay-off term of up to six months

**DZR Deutsches Zahnärztliches  
Rechenzentrum GmbH**  
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Hermann-Klammt-Straße 7 | 41460 Neuss  
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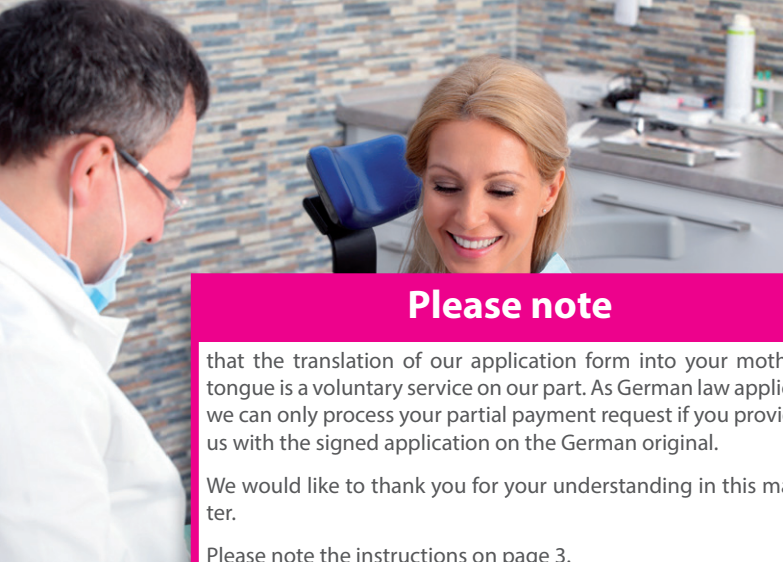
E-Mail [tzv.neuss@dzt.de](mailto:tzv.neuss@dzt.de)  
[www.dzt.de/tzv](http://www.dzt.de/tzv)

**Bank details:**  
DZ BANK AG  
BIC GENODEDD  
IBAN DE25 3006 0010 0000 2166 53

**Executive director**  
Konrad Bommas | Thomas Schelhorn | Thomas Schiffer  
Registered office and Local Court: Stuttgart HRB 6658

DZR  
Deutsches Zahnärztliches  
Rechenzentrum GmbH  
**Patienten-Service**  
Postfach 10 16 53  
41416 Neuss

**Submit your instalment  
plan request online at  
[www.dzt.de/tzv](http://www.dzt.de/tzv)**



### Please note

that the translation of our application form into your mother tongue is a voluntary service on our part. As German law applies, we can only process your partial payment request if you provide us with the signed application on the German original.

We would like to thank you for your understanding in this matter.

Please note the instructions on page 3.

## Pay-off terms and costs

Within an instalment plan agreement with a total term of more than 6 months starting with the invoicing date, the following **financing costs arise**:

Interest per month	
7–12 months	0,43 % p. m.*
13–48 months	0,43 % p. m.

The terms and financing costs (interest per month) will be specified in the instalment plan agreement sent to you separately. Interest is charged from the billing date on the outstanding invoice amount.

\* The interest rate is based on the presumption that the instalment plan request is received within 30 days after the invoice date.

The **minimum monthly instalment** is € 25.00; however, the maximum pay-off term is 48 months.

**Deferral in payment:** To help you overcome any financial difficulties, we grant you a deferral in payment free of charge (max. one instalment per year of duration). A short written message suffices. **Special payments:** You can make special payments free of charge at any time.

**Early repayment:** The instalment plan agreement can be paid off early at any time and without further costs. You can quite simply request your instalment plan quotation with the attached instalment plan application, or under [www.dzr.de/tzv](http://www.dzr.de/tzv).

### Examples:

Pay-off term/months from billing date	6 months (no charges)	12 months
<b>Billing sum in Euro</b>	<b>Monthly instalment / Total in Euro (rounded)</b>	
1,000.00	167.00	88.00 / 1.052.00
2,000.00	333.00	176.00 / 2.103.00
5,000.00	833.00	439.00 / 5.258.00
10,000.00	1.667.00	879.00 / 10.516.00
20,000.00	3,333.00	1.753.00 / 21.932.00
<b>Interest per month</b>	0%	0,43%
<b>Effective interest</b>	0%	9,85%
<b>Minimum instalment in Euro</b>	25.00	25.00

The annual effective interest and the amount of the minimum instalment depend on individual factors, e.g. on the receipt of the 1st instalment and the total term (max. 48 months).

Saving on your dental health can get painful and expensive in a couple of years. That is why you should ask your dentist for your optimum care and treatment. With us, the practice is supported by a service provider who can offer attractive financing models for your co-payment.

## See how easy the instalment plan can be

You yourself decide on the amount of the instalments or on the pay-off term. So it is up to you how high the monthly costs will be. You also decide whether the individual payments become due at the start or in the middle of the month.

## See how the free instalment plan works

Provided you pay your bill in between **two and at most six** equal monthly instalments, **no additional costs** will arise for you as a result of the instalment plan. The only prerequisite is that **your instalment plan request and the first instalment are received by us within 30 days of the billing date**. Moreover, the billing sum must be paid by you in full within six months of the billing date.

## Instalment plan application

### Yes, I want to use the instalment plan!

Please fill out this form immediately upon receiving your invoice and send it to DZR. Please note that your instalment **can only be processed in connection with the DZR invoice number**

Invoice no. (please always quote)

Invoice amount

Within a few days, you will receive your individual instalment plan agreement. **Please note:** It is impossible to combine several invoices in one agreement.

### Bill recipient

First name/Surname

Street/No.

Postcode, town/city

Date of birth

Phone

My dental practice

### Please select

or

the amount of the monthly instalments (at least € 25.00)

the pay-off term (months) (at most 48 months)

and the desired start of payment/date of payment

on the 1st of a month

on the 15th of a month

I use online banking and therefore need no transfer forms.

Place/Date

Signature of the bill recipient/patient

01.18-22V.

Please tear off here at the perforation

## Teilzahlungswunsch

### Please proceed as follows:

#### Option 1:

1. Fill out the form in your language (page 2) on the PC using Acrobat Reader. Your data will be automatically entered in the German form.
2. Please print out the German form.
3. Sign the application
4. Fold the page twice, put it in a window envelope and hand it in directly at your dentist's or send it to DZR by mail

#### Option 2:

1. Print this page
2. Fill out the application and sign it
3. Fold the page twice, put it in a window envelope and hand it in directly at your dentist's or send it to DZR by mail

### Ja, ich möchte die Teilzahlung nutzen!

Bitte gleich nach Erhalt Ihrer Rechnung dieses Formular ausfüllen und an das DZR senden. Bedenken Sie, dass Ihr Teilzahlungswunsch **nur in Verbindung mit der DZR-Rechnungsnummer** bearbeitet werden kann.

Rg.-Nr.(n) (bitte unbedingt angeben) Rechnungsbetrag

Innerhalb weniger Tage erhalten Sie Ihre individuelle Teilzahlungsvereinbarung. **Bitte beachten Sie:** Es ist nicht möglich, mehrere Rechnungen in einer Vereinbarung zusammenzufassen.

### Rechnungsempfänger

Vorname/Name

Straße/Hausnr.

PLZ/Ort

Geburtsdatum

Telefon-Nr.

Meine Zahnarztpraxis

### Bitte wählen Sie

 oder 

**die Höhe der Monatsrate**  
(mind. 25,- Euro monatlich)

**die Laufzeit** (in Monaten)  
(maximal 48 Monate)

**und den gewünschten Zahlungsbeginn/Zahlungstermin:**

zum 01. eines Monats

zum 15. eines Monats

Ich nutze Online-Banking und benötige daher keine Überweisungsträger.

Ort/Datum

Unterschrift des Rechnungsempfängers/Patienten

01.18-22V.

DZR  
Deutsches Zahnärztliches  
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