

515 S. Main St., Rt. 304, Suite 2 F W
New City, NY 10956

Phone: (845) 634-9603

Dear Patient:

In an effort to provide you with quality Orthodontic Care and flexible payment arrangements, we have expanded our payment policy.

PAYMENT ARRANGEMENTS ARE REQUESTED PRIOR TO TREATMENT

We now offer the following payment options:

- Automatic monthly billing to your Visa or MasterCard
- Payment by cash with credit card on file
- Payment by check with credit card on file
- Payment by credit card

Patient Name _____

Cardholder Name _____

Cardholder Address _____

City _____

Account Number _____ Expiration Date _____

Our office is a fully approved and accredited user of the *Visa/MasterCard Health Care Program* which will enable you to have your payments automatically billed to your Visa or MasterCard on a monthly basis.

If none of the above options apply, please see the office manager. Thank You.

Print your Name here and sign below
X _____

Date: _____