

 $133\ East\ 58^{th}\ Street,\ Suite\ 803$ New York, NY 10022

Tel: 212-759-4969 www.schweitzerdental.com

Our Mission

To deliver the highest quality dental health care with expertise, diligence and integrity

Dear Patient:

In our continuing effort to provide you with quality dental care, more efficient communication, and flexible payment arrangements, we request that you complete the following forms.

As a patient of Schweitzer & Schweitzer, PC you are responsible for the payment of all services rendered on the day of your visit. If you have insurance, a completed insurance form will be sent to you to forward onto your insurance carrier for direct patient reimbursement.

PAYMENT ARRANGEMENTS MUST BE MADE AT THIS TIME

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We now offer the followin	ng payment options	s. Please choose one:	
Payment by cash Payment by check Payment by credit ca	ard		
If none of the above op overdue more than 60 da		e consult with our front on interest at 18% APR.	desk. Accounts
Our office is a fully a American Express, a	* *	credited user of <i>Visa</i> ,	MasterCard,
	24 hours <i>prior</i> to	u are unable to keep you your scheduled appointmetion.	
Гhank you,			
Print name	Signature	Date	