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## **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 <b>American Express, a</b>	* *	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	