

Michael A. Schacter, D.M.D., P.C.

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Dear Patient:

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

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

We now offer the following payment options:

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your Visa or MasterCard
- Guarantee your insurance co-payments with Visa or Mastercard

Please make your choice, sign below and return to office manager **before your visit.**

Our office is a fully approved and accredited user of the *Visa/MasterCard Health Care Incentive Program* which will enable you to use your Visa/MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be 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: _____