

Angela Manning, DDS PC

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Dear Patient:

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

PAYMENT ARRANGEMENTS 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/MC/Disc

Guarantee any amount not covered by Insurance with Visa/MC/Disc

Please make your choice, sign below and return to Office Manager before treatment.

Our office is a fully approved and accredited user of the *Visa and MasterCard Healthcare Program* which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount billed to your Visa or MasterCard on a monthly basis.

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

Print your name here and sign below

X _____

Date: _____