

Endodontic Associates of Greater New York, PC

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Dear Patient:

In a effort to provide you with the quality dental care and flexible payment arrangements, we have an expanded our payment policy.

**PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT**

We now offer the following payment options: Please circle your payment choice

Payment by cash

Payment by check

Payment by credit card

Payment by debit card

**Account Number** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Thank you,

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Patient Name

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Patient Signature

**Payment In Full Is Expected By Completion OF Treatment**