



Robert C. Heikowsky II, D.D.S., P.A.

Dear _____,

Date _____

Thank you for choosing us for your dental needs

The investment for your treatment is \$ _____

Our goal is to provide you with optimal care based on your individual needs. To assist you in receiving this care, we offer several payment options. You can choose to pay by cash, check or major credit card or we offer No Interest Payment Plans in addition to Extended Payment Plans through Care Credit, a division of GE Consumer Finance.

Please indicate below the form of payment you choose (**check one**)

PAYMENT IN FULL

\$ _____

We accept cash, check, Visa, Mastercard or American Express

PARTIAL PAYMENTS

Payment due today \$ _____

Balance \$ _____ Due _____

CARECREDIT PAYMENT PLAN

No Interest Payment Plan for _____ months

OR

Extended Payment Plan for _____ months

*Subject to credit approval. See patient brochure for promotional information and estimated monthly payments.

Signature of Patient/Responsible Party

Date

If you have any questions on your suggested treatment plan or the available payment options, please do not hesitate to ask. We are here to help you.