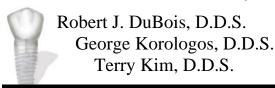
## Artistic Dental Associates of Commack, LLP



6080 Jericho Turnpike Suite 207 Commack, NY 11725 Phone 631-499-1212 Fax 631-499-2389

Patient Name		Date	
	ar Investment for anned Dental Treatment is \$	Signed	
excel an ot	Ellent investment in an individual's medical bstacle to obtaining this important health	ally determined to be the most ideal for your specific needs. This is an all and psychological well-being. Financial considerations should not be service. Being sensitive to the fact that people have different needs in ring to help by providing the following payment options	
	<u>P</u> .	AYMENT OPTIONS	
	• This can also be done with the Care C	of the dental treatment accomplished at each visit	
	<ul> <li>Payment plans from <u>24 to 60 months</u></li> <li>\$1,000 minimum for 24, 36 and 48 m</li> <li>No initial payment or fees, No pre-payment</li> </ul>	nonth \$2,500 or more on 60 month payment option	
	<ul> <li>6 Month term only – for amounts &gt; \$</li> <li>Zero Interest charges if paid within the setroactive finance charges of 26.99</li> <li>Minimum interest charge of \$2/mo.</li> </ul>	- Care Credit <sup>®</sup> Healthcare Finance 200 ne specified time period, minimum monthly payments required 19% apply if treatment fee is not paid during the interest-free period 155-8295 -or- Online at www.carecredit.com	
	for treatment plans totalling over \$2,0	ven for direct Payment In Full by <u>Cash</u> or <u>Check</u> at the beginning of treatment 000.	
	<ul> <li>Resulting in a one-time payment of S</li> </ul>	<u>}</u>	

We hope you have chosen us for your dental health needs because we work hard at providing the most predictable and advanced care in a compassionate manner. We strive to keep our fees competitive for the quality that we provide. We truly make better Dentists than Bankers and this is why we have chosen the above Financing and Payment options. We expect to continue to provide the same time and level of care for each individual patient's needs with your cooperation.