



**Anala Panchumarti, D.M.D.**

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**Please Print Name:** \_\_\_\_\_

## **Dental Insurance Payment Agreement**

Our office is pleased to enable you to utilize your dental insurance to help pay for your dental treatment. Our staff is highly trained in the complexities of dental insurance to provide prompt, efficient service. Unfortunately your policy can be difficult and confusing. Our policy regarding your coverage is as follows:

- Rarely does dental insurance cover all dental expense.
- **Most plans have deductibles and co-insurance payments, which MUST be met by you at the time of service.**
- The portion of the bill covered by insurance is only an estimate. Your insurance does not guarantee payment to us.
- The insurance policy is an agreement between you and your insurance carrier.
- Any remaining balance after payment from your insurance is **YOUR RESPONSIBILITY. PAYMENT ON REMAINING BALANCES IS DUE IMMEDIATELY UPON RECEIPT OF FINAL STATEMENT.**

## **Appointment Policy Agreement**

*Dr. Anala reserves adequate time for her patients so they can receive the best care possible.*

If you are unable to keep your appointment kindly give our office 48 hours notice, in order to help serve other patients who may need that appointment time. **FAILURE TO GIVE 24 HOUR NOTICE will result in a fee applied to your account. (\$35.00 for hygiene and \$50 for Dr. Anala).** This fee will need to be paid in full before any future appointments can be made.

**All payments are due at the time of services.**

Thank you for your continued patronage.

**I have read and understand the above agreement and terms. I fully accept responsibility for my insurance coverage and agree to pay any remaining balances in addition I understand the office policy in reference to appointments.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**