

Gulf Dental Center
Tamam Elzawahry, D.M.D.
1560 Jenks Ave
Panama City, FL 32405
850-522-8822

WELCOME TO GULF DENTAL CENTER. We find that clean communication with our patients regarding our office policies assists us in providing the best service to you and minimizes misunderstandings. We therefore have included answers to some of the most commonly asked questions.

PAYMENT

Payment (including co-payments, deductibles and all estimated costs of treatment) is due at the time services are rendered. **NO EXCEPTIONS.** If you are unable to pay for the scheduled services, please notify the front desk associate and we will reschedule the appointment for you. Payment methods accepted are cash, checks, MasterCard, Visa, Discover and American Express, Care Credit. Post-dated checks are not acceptable. We do not offer payment plans.

INSURANCE

The following information is for all patients who have dental insurance. Your insurance is a contract between you, your insurance company and perhaps your employer. Any involvement by our office with your insurance is done strictly as a courtesy for you. With accurate documentation of your insurance we will defer the portion your insurance pays, provided your insurance benefits are directly assigned to our office. We will be happy to verify your benefits, file your dental insurance for you and estimate your out of pocket expense to the best of our ability. Please note any fees quoted are only an **ESTIMATE** and not a guarantee of payment. Payment will be determined by your insurance company once they receive and review the claim. If you do not wish to pay your estimated portion, you may pay in full for all services. In the event that this happens, you will be responsible for filing your own claims. Your insurance company will then directly reimburse you. Please refer to your plan because not all services are covered and not all are covered at 100% and a co-payment may be necessary.

APPOINTMENTS

We do not double book for appointments and we do our best to see our patients on time. The time you are scheduled in our office is reserved and set aside strictly for you. If you must cancel or reschedule an appointment, **PLEASE GIVE AT LEAST 24 HOURS NOTICE.** We do charge \$50 for missed hygiene appointments and \$100 for appointments missed with the Doctor. If two appointments are missed without notice, you will be dismissed from the practice.

PATIENT INFORMATION FORMS

In attempt to keep our records and health information on you current and correct, we require a medical history update to be filled out annually. If you have a change of address, phone number, email, insurance information, and/or medical or health updates, please inform the front desk associates.

If you have any questions about the above information or any uncertainty regarding our office policies, please do not hesitate to ask for clarification before signing below. We are here to help you.

If you have read and understand our office policies, please sign below and complete the patient information sheet.

SIGNATURE of Patient / Parent / Guardian

DATE