

SUNSHINE CREATIVE SMILES

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PATIENT NAME:			
Date:			
	Average Invisalign Cost in Tampa Bay Area: \$ 4800- \$7000		
	SELF PAY Sunshine Creative Smiles Invisalign package:	\$4800	
	Initial Consult, Photos & Scan, Invisalign Clear Aligners, any Necessary		
	additional aligners, a single set of Retainers, All Invisalign treatment visit.		
	NEW PATIENT INVISALIGN COUPON 2 Weeks ONLY. EXPIRES:	\$900	
	OUR SPECIAL PROMOTIONAL PRICE NOW:	\$3900	
	Upon completion of your Invisalign Video/office consultation front desk will schedule you for a Data Collection Appointment		
	We will collect a \$200 fully refundable deposit to lock in the limited time lowest discount. That deposit will be credited towards your full payment due for Itero Scan/ Data Collection visit.		
	There is a 3 % Surcharge on Credit cards. No Surcharge on Debit cards, HAS or FSA cards.		
	Option 1: Lowest total cost in full at First appointment		
	\$3900 - Can use a Check, Cash, Credit Card, or HSA (at Scanning / data collection appointment) Patient files their insurance by themselves.		
	Option 2: Insurance Payment Sent to us instead of you		
	\$3900 minus \$ (Your Estimated Insurance)= Down	4	



Option 3: LOWEST MONTHLY PAYMENTS with approval thru Care Credit:

\$168 Monthly \$0 Down 0% Interest for 24 months totaling \$ 4600

\$327 Monthly \$0 Down. 0%. Interest for 12 months totaling. \$4300

Option 4: LOW PAYMENTS with In- Office payment plans:

\$ 1000 down (\$ 400 on Itero scan + \$600 on First tray pickup) ,then \$ 2900 will be broken down as \$290/Month for 10 months.

\$1500 down (\$400 on Itero scan + \$1100 on first Tray pick up), then \$ 2400 will be broken down as \$ 240/Month for 10 months.

\$2000 down (\$400 on Itero scan+ 1600 on tray pick up) ,then \$1900 will be broken down as \$190/Month for 10 months.

Option 5: NO CREDIT CHECK with approval thru Varidi Financing:

\$ 199 monthly for 22 months \$ 0 down 10% Patient Surcharge fee Totaling to \$ 4378.

DO IT BETTER, QUICKER, for LESS COST.

We won't stop until you are happy with your Smile.

PATIENT SIGNATURE:	
Date:	Team Member Initials:

ONCE PAYMENT TERMS ARE SECURED THERE ARE NO REFUNDS.