

OFFICE POLICY FOR PAYMENT OF SERVICES

Dr. Juliet S. Bulnes and Dr. Amy Creech-Gionis

10810 Sheldon Road, Tampa, FL 33626 (813) 792-8211

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we accept cash, checks, Mastercard, Visa, American Express and Discover. As a courtesy we will **estimate** your insurance portion and process your claims for you. **You will be required to pay your estimated patient portion the day treatment is started.** Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. ***We are a participating provider for Blue Cross & Blue Shield of Florida, United Concordia and Connection Dental only.*** **If you have any other insurance plan, you are on an out of network basis and you are responsible for any balance remaining after insurance pays their portion. (We encourage you to familiarize yourself with your insurance policy)**

We are pleased to offer a financing option, which is administered for us by Capital One Healthcare Finance or Care Credit. Please ask our financial coordinator for details and credit application.

We require a credit card number to be kept on file, authorizing any overdue balance to be charged to that card. For patients without insurance, the credit card would only be charged for any outstanding balances over 30 days. For patients with insurance, the credit card would only be charged in the case that the insurance company fails to pay after 45 days of filing, or to cover the balance remaining after the insurance company has paid their portion. We will notify you by phone or mail prior to charging your account. If you do not wish to keep a credit card imprint on file or do not have one, full payment is expected at time of treatment. Returned checks and balances older than 30 days may be subject to additional collection fees, including attorney's fees and court costs and interest charges of 1% per month. We will report failure to pay to a credit bureau.

Missed Appointment Fee: We require 24 hour notice of cancellation to avoid being charged a \$50 fee. Without a 24 hour notice, we are unable to assign your appointment to another patient. Changing or cancelling a Monday appointment must be done prior to closing on the previous **Thursday.** The missed appointment fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another doctor.

We are here to assist you in any way possible. Please make your questions and concerns known to our team...Our goal is to ensure that you have an outstanding experience.

I authorize Juliet S. Bulnes, D.M.D., P.A. to keep my signature on file and to charge my VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER account.

*Signature (responsible party) Date

Print Name

*Your signature indicates you understand the financial policies and agree to all terms and conditions contained herein.

Patient Name: _____

Family Members: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Account #: _____ Expiration Date: _____