



Lula Tsegay, D.D.S.

General Dentistry

433 Estudillo Avenue, Suite 102
San Leandro, CA 94577
(510) 347-LULA(5852)

Office Financial Policies

The primary objective of our office is to provide patients with the best quality dental care available. This service is based on a friendly and professional understanding between the doctor and the patient. The following statements are made to acquaint you with our financial policies.

- A. We are happy to assist our patients by submitting your insurance claim upon completion of your treatment. However, the patient must understand that an insurance agreement is between the insurance company and the patient, and does not involve the doctor. Insurance companies determine usual and customary fees in whatever manner they choose. **PATIENTS WITH INSURANCE MUST PAY THEIR RESPECTIVE CO-PAYMENTS AT THE TIME OF TREATMENT COMPLETION. IF THERE IS A BALANCE DUE AFTER THE INSURANCE PAYS, THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE.**
- B. For patients without Dental insurance, full payment is required upon completion of dental treatment.
- C. Fees quoted at initial appointment reflect the basic treatment plan. Occasionally, additional procedures may become necessary due the complexity of treatment. This may result in an adjusted fee.
- D. PATIENT CO-PAYMENTS VARY WITH EACH INSURANCE POLICY AND ARE QUOTED AS ACCURETELY AS POSSIBLE. OUR OFFICE WILL VERIFY YOUR INSURANCE AT THE TIME OF TREATMENT. WE MAY NOT BE AWARE OF ANY CANCELLATIONS. EMPLOYERS CAN ALSO CANCEL A POLICY FOR PRIOR DATES. THE PATIENT MUST PAY ANY UNPAID INSURANCE BALANCE.** The balance of your maximum insurance benefit may not reflect recent dental claims pending we may not be aware of.
- E. **BROKEN APPOINMENT:** Your appointment time has been specifically reserved for you. There is a \$50.00 charge per hour for appointments not **CANCELLED** or **RESCHEDULED** with at least 24 hour notice. I agree to pay this fee if I fail to properly notify the office in the event of a cancellation.
- G. We gladly accept cash, check, visa/mastercard as form of payment. Our office is enrolled in the Care Credit and Citi health card patient financing.

Signature _____ Date _____