

## LEKHA TULL, DDS PC FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We strive to provide the best care possible and do everything we can to hold down the cost of dental care. The payment of your bill contributes largely to our ability to do so. The following is a summary of our payment policy.

### ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. **Lekha Tull, DDS PC** accepts cash, personal checks, VISA, and MasterCard. There is a service charge of \$35 for checks returned to our office from your financial institution; to cover the processing fees the office incurs.

Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling appointments. Interest charges of 1.5% per month will be applied to outstanding balances.

### INSURANCE:

We submit your claim with your insurance companies as a courtesy to you. Although we do not participate with any insurance companies, we will accept any insurance. On major procedures, we expect half of the payment at the first visit. Unless prior arrangements are made, the remaining balance is due upon completion of services. If we have not received payment from your insurance company within 60 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

Your time of service receipt includes all information necessary for submitting claims to your insurance company.

If you need assistance or have questions, please contact us at [lekhatulldds@gmail.com](mailto:lekhatulldds@gmail.com) or (609)924-5171.

### MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 48 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointments, \$100 for a hygienist appointment, \$300 for a procedure with Dr. Tull. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the **Lekha Tull, DDS PC** Financial Policy. I agree to assign insurance benefits to **Lekha Tull, DDS PC** whenever necessary. I also agree that if it becomes necessary to forward my account to collections, in addition to the amount owed, I also will be responsible for any fees charged by collections.

Signature of insured or Authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_