

# Tucker & Gailis Dental

2586 Clover St, Klamath Falls, Oregon 97601

## FINANCIAL POLICY

We are committed to providing you with the best possible dental care you need or desire, in our office. We strive to maximize your insurance benefits and make any remaining balance easily affordable. In order to achieve these goals we need your assistance and your understanding of our Financial Policy:

\_\_\_\_\_ Insurance benefits are determined by your employer, not your Dentist. Your insurance is a contract between you, your employer and your insurance company. Due to the ever changing insurance plans and benefit options, under each plan, it is your responsibility to know your benefits. We will be happy to provide pre authorizations prior to dental treatment being performed.

\_\_\_\_\_ Emergency patients, or new patients to our practice, should expect to make payment at the time of service. Once established as an active patient, we will be happy to discuss other payment options.

\_\_\_\_\_ If you have dental insurance, we will be happy to process your claim for you. You must provide a copy of your current insurance card & it is your responsibility to coordinate benefits between more than 1 insurance company, if you have another dental plan. **Your account is your responsibility regardless of insurance payments.**

\_\_\_\_\_ We will carry account balances in office, with prior arrangements, for no longer than 90 days. Partial, dentures & crowns must have 50% paid at time of delivery.

## RESCHEDULING & PAYMENT

\_\_\_\_\_ There will be a \$50.00 fee for same day cancelled or missed appointments. We ask that you give our office a minimum 24 hr notice so we may make every effort to accommodate other patients.

\_\_\_\_\_ We do take, in the form of payment: Visa, MasterCard, Care Credit, & Cash. We do offer a 10% discount if your treatment is paid in full with cash or check at time of service.

If you have any questions about the above information, or any uncertainty regarding insurance coverage, please don't hesitate to ask us. We are here to help.

I have read and understand the Financial Policy & Cancellation Policy of Tucker & Gailis Dental.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**