



Dr. Mark Folks

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FINANCIAL POLICY

WELCOME! THANK YOU FOR CHOOSING US AS YOUR DENTAL HEALTHCARE PROVIDERS. OUR GOAL IS TO PROVIDE YOU AND YOUR FAMILY WITH OPTIMAL DENTAL CARE, AND TO BE A PLACE WHERE PATIENTS FEEL WELCOMED AND VALUED. WE ENCOURAGE YOU TO ASK QUESTIONS AND TO BE INVOLVED IN TREATMENT DECISIONS, WHILE WE HELP EDUCATE YOU ABOUT YOUR ORAL HEALTH AND THE IMPORTANCE OF PREVENTION.

FINANCIAL AGREEMENT: PATIENTS ARE EXPECTED TO PAY FOR THEIR TREATMENT THE DAY SERVICES ARE RENDERED. OUR PATIENTS WHO HAVE DENTAL INSURANCE ARE EXPECTED TO PAY THE AMOUNT OF THEIR **ESTIMATED** CO-PAY AND DEDUCTIBLE AT THE TIME OF SERVICE. **WE WILL DO OUR BEST** TO GIVE YOU A ROUGH ESTIMATE OF YOUR INVESTMENT IN YOUR DENTAL HEALTH FOR EACH UPCOMING VISIT, BASED ON YOUR INDIVIDUAL TREATMENT PLAN.

DISCOUNTS & PAYMENT OPTIONS: PAYMENTS MAY BE MADE USING: CASH, CHECK, OR CREDIT CARD. WE ALSO OFFER CARE CREDIT, A 0% FINANCING OPTION AVAILABLE ONLY FOR HEALTHCARE EXPENSES, WHICH ALLOWS MONTHLY PAYMENTS.

- 1. FULL PAY CASH/CHECK DISCOUNT FOR NON-INSURED PATIENTS:** WE ARE HAPPY TO OFFER A 10% CASH/CHECK COURTESY FOR ALL SERVICES OVER \$500.00 PAID IN FULL PRIOR TO RENDERING OF SERVICES.
- 2. FULL PAY CREDIT CARD DISCOUNT FOR NON-INSURED PATIENTS:** WE ARE HAPPY TO OFFER A 5% CREDIT CARD COURTESY FOR ALL SERVICES OVER \$500.00 PAID IN FULL PRIOR TO RENDERING OF SERVICES.
- 3. CARE CREDIT:** WE WILL BE HAPPY TO HELP YOU APPLY FOR CARE CREDIT, A 0% CREDIT CARD USED FOR HEALTHCARE SERVICES, WHICH ALLOWS YOU TO MAKE AFFORDABLE MONTHLY PAYMENTS. YOU MAY QUALIFY FOR INTEREST FREE FINANCING FOR UP TO **24 MONTHS**. ASK FOR AN APPLICATION, OR GO TO: **WWW.CARECREDIT.COM** TO START THE PRE-APPROVAL PROCESS TODAY!

THERE WILL BE A FEE FOR ANY ADDITIONAL PROCEDURE NOT INCLUDED IN THE ORIGINAL TREATMENT PLAN.

APPOINTMENTS: TO SERVE YOU BETTER AND KEEP THE COST OF DENTAL CARE DOWN, WE TRY TO MAINTAIN AN EFFICIENT APPOINTMENT SYSTEM. HOWEVER, OUR COST OF PROVIDING CARE INCREASES GREATLY WHEN PATIENTS FAIL TO KEEP SCHEDULED APPOINTMENTS OR CANCEL LAST MINUTE. TIME, TRAINED PERSONNEL AND DENTAL EQUIPMENT ARE RESERVED FOR EACH PROCEDURE.

WE REQUIRE AT LEAST **24-HOUR** NOTICE FOR ANY CANCELLED APPOINTMENT. MISSED APPOINTMENTS ADD TO THE COST OF DENTAL CARE WHEN RESERVED FACILITIES ARE LEFT WAITING EMPTY. YOUR ACCOUNT WILL BE CHARGED A FEE OF **\$50.00** PER OUR NO SHOW/CANCELLATION POLICY AS LISTED IN YOUR ORIGINAL NEW PATIENT

PAPERWORK, FOR MISSED APPOINTMENTS WITHOUT A 24-HOUR NOTICE. RECURRING MISSED APPOINTMENTS WILL RESULT IN BEING DISMISSED FROM OUR PRACTICE.

INSURANCE INFORMATION: AS A COURTESY TO OUR INSURED PATIENTS, WE SUBMIT CLAIMS TO YOUR INSURANCE COMPANY FREE OF CHARGE. WE WILL ALWAYS HELP YOU TO RECEIVE YOUR MAXIMUM ALLOWABLE BENEFITS. IN ORDER TO DO THIS, WE NEED YOUR INSURANCE CARD AND/OR INSURANCE POLICY PRIOR TO YOUR FIRST VISIT. WE WILL ALSO NEED YOUR INSURANCE CARD AND/OR POLICY WHEN YOU HAVE ANY CHANGES TO YOUR INSURANCE POLICY.

OUR DOCTORS WILL DIAGNOSE TREATMENT BASED ON YOUR DENTAL HEALTH AND NOT YOUR INSURANCE COVERAGE.

PLEASE REALIZE THAT DENTAL INSURANCE ISN'T REALLY INSURANCE (A PAYMENT TO COVER THE COST OF A LOSS) AT ALL. IT IS A BENEFIT, TYPICALLY PROVIDED BY AN EMPLOYER, TO HELP THEIR EMPLOYEES PAY FOR ROUTINE DENTAL SERVICES. MOST BENEFIT PLANS ARE ONLY DESIGNED TO COVER A PORTION OF THE TOTAL COST OF A PERSON'S NECESSARY DENTAL TREATMENT.

IF YOUR INSURANCE HAS NOT PAID WITHIN 90 DAYS OF SERVICES RENDERED, YOU WILL NEED TO MAKE A FULL PAYMENT TO THIS OFFICE AND BE REIMBURSED WHEN YOUR INSURANCE COMPANY PAYS. AFTER 90 DAYS, THE PATIENT IS RESPONSIBLE TO PURSUE PAYMENT FROM THE INSURANCE COMPANY. THE INSURED HAS A BETTER ABILITY TO WORK WITH THE INSURANCE COMPANY AND THE EMPLOYER RESPONSIBLE FOR THE POLICY.

PLEASE INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THESE FINANCIAL POLICIES BY SIGNING BELOW. FOR THE MUTUAL CONVENIENCE OF YOU AND THE PRACTICE, IT IS UNDERSTOOD THAT THIS EXECUTED COPY OF THE FINANCIAL POLICY ALSO SHALL COVER YOUR DEPENDENT CHILDREN WHO ARE PATIENTS OF THE PRACTICE.

PATIENT'S NAME (PLEASE PRINT)

PATIENT'S SIGNATURE & DATE

01/10/17