

# Hoskins Family & Cosmetic Dentistry, PA

## Financial Agreement

**In an effort to make your dental treatment as financially comfortable as possible, we offer several options for you to select from to satisfy your financial obligation.**

- 1) **Payment is rendered in FULL at the time of service.** We will give a 5% courtesy adjustment to patients who pay in full with cash or a check on the day of their service. **Debit cards are not considered "cash". Only actual cash or check payment qualify for the discount.** We will file the dental claim for patients with dental insurance and any benefits provided by the insurance company will be reimbursed to the patient directly from their insurance company.
- 2) **Debit cards, VISA, MasterCard, American Express, Discover and Care Credit are accepted forms of payment.**
- 3) **Care Credit, a healthcare credit card offers 0% interest rates to low fixed rates.** Application for this option is easy and patients can call to see if they qualify within minutes. Care Credit is an outside company not associated with Hoskins Family & Cosmetic Dentistry. Please inquire with the front desk staff if you have any questions.

**We accept all insurances and gladly file your claims for you. However, please take careful note of the following:**

- **We are not In-Network with any insurance company except Delta Dental, nor are we members of any HMO, PPO, and PCP Insurance plans.**  
That does not mean that we cannot provide dental services for you or file your claims. We gladly accept all dental insurances and file your claims.
- **Patients are responsible for knowing the details of their insurance plans:** Waiting periods, restrictions, services, not covered as well as the amount covered. "Treatment Plans" given to patients for treatment needed which state the service fee, insurance's amount and patient portion is only an ESTIMATION. The patient is responsible for knowing their insurance plan and how their insurance will cover services needed.
- **Insurance coverage and benefits must be verifiable:** In order to do this, it is crucial that we have all the proper information.... insurance company name, address, phone number, as well as the policy holder's information (full legal name, date of birth, social security number, address, insurance ID number& group #).
- **At your request, we will gladly submit a pre-authorization for services to be rendered to receive more specific payment estimates directly from your insurance company:** Again, even though these are directly from your insurance company, these payment amounts are only estimates, and many times will not be the exact amounts received.
- **Full payment of any co-pay is required at the time services are provided:** This is the portion insurance is estimated not to pay. Please remember that this amount paid is only an ESTIMATE and that the actual amount we recover from your insurance company will often be different. Any left over amount due after insurance has paid on the claim is billed to the patient immediately. Any balance billed to our patients is due in full within 30 days of statement receipt. **A 5% late charge is added if an account balance is unpaid after the 30 day billing date.**
- **Non-payment that results in collection agency involvement will be at the patient's expense:** In the unlikely event this would happen, any fees charged to us by the collections agency, would be added to your account and become your responsibility.
- **Should you need to reschedule an appointment, a 48 hour notice is required to avoid a \$25 cancelation fee.** This allows us the opportunity of providing others with your appointment time.

**I have read and agree to the above statements regarding my financial obligation with Hoskins Family & Cosmetic Dentistry**

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_