

# HOSKINS FAMILY & COSMETIC DENTISTRY NEW PATIENT PROTOCOL

## PATIENT SCHEDULING

Our office hours are designed to meet a variety of patient needs, and include evening, lunch, and early morning hours. Evening hours are provided on **Monday & Tuesday (12:00 noon to 8:00 pm)**. **Wednesday through Friday** our hours are **(8:30 am to 4:30 pm)** with lunch hour dental appointments available.

Please kindly ask that you give us a **48 hour notice should you need to reschedule your reserved appointment time**. This allows us the opportunity of providing others with your appointment time and avoids a **\$25 cancellation fee**.

## Dental Benefits & COST

Our office accepts all dental benefit companies; however, **we are not considered "In network"** with any dental benefit companies except for Delta Dental Premier plans. Our office will provide you with the courtesy of directly billing your dental benefit company. At the time of service we will only ask you to pay the portion we **anticipate** your dental benefits will not cover. Our services will also include providing your dental benefit company with necessary x-rays, charting, &/or narratives from Dr. Hoskins. We want you to receive the maximum financial benefit from your dental benefit company.

Our office will discuss with you in advance what your dental procedures will cost, as well as **estimate** what your dental benefit might pay. Please note: **THIS IS ONLY AN ESTIMATE** based on the percentage your dental benefit policy indicates they will pay on specific procedure codes. If you request, we will file for a re-treatment estimate from your dental benefit company, but even that is not a guarantee of what they will pay when the claim is submitted.

## BILLING

Patients with balances are billed on a monthly. We suggest you review any and all "Explanation of Benefits" that your dental benefit company sends to you. This will help you better understand the portion for which you are responsible. If you have dental benefits, the balance due on your statement reflects the portion your dental benefit has not, or is not expected to pay according to the terms of your personal policy. Our office accepts Visa, Master Card, & Care Credit. **Balances are due and payable within 30 days of the billing date. A 5% late charge is added after the 30 day billing date. After 90 days accounts are subject to being sent to an outsourcing company.**

## PROFESSIONAL SERVICES & MERCHANDISE OFFERED

**After Hour Care:** As an established patient, Dr. Hoskins will provide you with after hour services should you have questions, concerns, or encounter a dental emergency requiring in office treatment.

**Free Consultation:** Includes a financial estimate and is available for Cosmetic Dental Services

**Bleaching:** This new in-home bleaching process provides you with a 5 Day Whitening Strips. These strips are worn for 2 hours a day, for 5 consecutive days. The cost is \$70 for one 5 day set, or \$100 for two, 5 day sets. Once you purchase Bleaching Strips with our office, you will receive 2 free touch up strips at each 6 month appointment that you schedule and keep.

**Oral-B Triumph Smart Guide Tooth Brush:** Includes a wireless remote display that provides feedback while you are brushing to promote the best results. \$99

**Colinpro 5000 Anti Cavity Toothpaste:** This toothpaste provides over 4 times more fluoride than regular toothpaste, is effective in preventing carries and helps reverse root carries. It also helps with sensitivity. \$20

**Patient Referral Gifts:** Each time you refer someone that results in a new patient visit at our office, you will receive a \$20.00 thank you credit that will be applied to your balance for future dental work or products.

## OFFICE SCHEDULING POLICY

**Rescheduling Policy:** Should you need to reschedule an appointment, a **48 hour notice is required to avoid a \$25 rescheduling fee**. This allows us the opportunity of providing others with your appointment time

It is our hope and expectation that this information will openly communicate our office protocol. We hope to establish a long term relationship with you both professionally and personally. **Thank you for choosing Hoskins Family & Cosmetic Dentistry.**

PATIENT SIGNATURE (I HAVE READ AND AGREE WITH TERMS & POLICY) \_\_\_\_\_