

Greenhalgh Family Dental Office Policies, Procedures and Patient Authorization

(Initials simply show that you have read not necessarily that they apply to you or that you agree with them)

Payments

Greenhalgh Family Dental accepts payment in the forms of cash, personal /company checks, money orders, MasterCard, Visa, Discover, and American Express.

Initials _____

Insurance

If you have Insurance, we will be happy to file your claim as a courtesy. However you will be responsible for your deductible and any coinsurance at time of service. Our computer software estimates what your insurance should cover and estimates what your "out of pocket" portion should be. THIS IS ONLY AN ESTIMATE and it is possible that your insurance may cover less than what is estimated. If this should happen then the remaining balance will be your responsibility to pay in a timely manner.

Initials _____

Interest Free Payment Option

We do offer interest free payment options through CareCredit. This company is not affiliated with Greenhalgh Family Dental and we do not have any control over acceptance in the program. We will assist you in the application process as much as we possibly can. The end result would be an agreement between you and CareCredit.

Initials _____

Full payment Discount

We do offer a discount on payments made in full at time of service for those individuals without insurance coverage. These discounts are not applicable with the use of any other offer or coupon.

Initials _____

Finance Charge

Accounts that have had a financial arrangement made or that carry a balance from one billing month to another will incur a 5% monthly finance charge on the carry over balance.

Initials _____

Delinquent Accounts

We will consider an account delinquent when the balance goes unpaid in 60 days without a financial arrangement in place or on accounts with financial arrangements that have defaulted on the agreed upon financial arrangement. Accounts in one of the two aforementioned conditions may be turned over to an outside collections agency for handling. A patient whose account has been turned over for collections will be responsible for all collection and court costs associated with this process. Patients who have had their accounts turned over to collections will no longer be considered active in the dental practice and will only be seen on a cash basis once the balance has been taken care of with the collection agency.

Initials _____

Return Check Fee

If payment is received in the form of a check written by the patient or on behalf of the patient, it is understood that the patient's account will be charged a returned check fee in the amount of \$35.00. It is also understood that any future payments made to Greenhalgh Family Dental will need to be in the form of cash, credit card, or money order.

Initials _____

After Hours Phone Calls / Emergency Service

Our Doctor is here for his patients when needed. He is willing to take after hour's calls for all dental emergencies. Our normal office hours at Greenhalgh Family Dental are Mondays 8am to 6pm, Tuesdays 7am to 2pm, and Wednesdays 12pm (noon) to 7pm, Thursdays 8am to 5pm, and closed Friday through Sunday. If you have an after hour emergency please call the office's main line and the recording will give you the emergency numbers to reach the Doctor. If the Doctor comes into the office to see you after hours there may be a \$105.00 after hour's fee applied to the visit and this is normally not covered by Insurance.

Initials _____

Missed Appointments

It is understood that Greenhalgh Family Dental may, but is not required to confirm my up coming appointment date and time. Such a reminder may be in the form of a postcard, phone call, text, email, or any combination of the previous methods. The patient understands this is a courtesy and that they are ultimately responsible for keeping their dental appointments. We request that you give us at least 48 hours notice if you need to cancel or reschedule an appointment; however if an appointment is missed without at least 24 hours notice (not including Friday- Monday since we are not open these days) it is understood that Greenhalgh Family Dental reserves the right to charge a \$35.00 missed appointment fee. Fee subject to change without notification. Please note that insurance will not reimburse for this.

Initials _____

Late Arrival for Appointments

We understand busy schedules and that at times things come up that will put you into a time crunch; however if you arrive 15 minutes late for your scheduled appointment you **may** be asked to reschedule. This is done out of respect for our other patients that have appointments scheduled. We would ask that you call ahead and let us know if you are running late so that we can try to accommodate you as our schedule permits.

Initials _____

Prime Time Appointments

In our practice we have found that our late afternoon (4pm -6pm) appointments and our early morning (7am -8am) appointments are highly sought after by our patients. If you have one of these appointments and need to reschedule or cancel it is very important that you give us at least a 48 hours notice. If we do not receive at least 24 hours notice you will be subject to the missed appointment policy, and if you miss a "Prime Time" appointment twice without proper notice the practice will no longer offer these appointments to you.

Initials _____

Medical Records Releases

We will only share your medical/personal information when pertinent with other Dental or Medical Professionals with whom we are referring care to if needed. This information will also be used only as needed when submitting insurance claims on your behalf. We will only release x-rays and records once a release form has been signed by the patient.

Initials _____

Consent for Composite or tooth-colored fillings:

Our office is dedicated to providing the highest quality of dental care to our patients. We highly recommend composite fillings over amalgam fillings. Composites require more time and skill to place resulting in increased initial cost. Some insurance carriers only pay for amalgam fillings on back teeth and there will be additional cost to the patient for composite fillings. It is understood that this office recommends and uses composite fillings unless the patient requests otherwise and signs a release form regarding this. It is the patient's responsibility to know how the insurance works and whether or not this type of filling is covered. We would be happy to send a pre-authorization to your insurance to find out before the work is scheduled if you are unsure.

Initials _____

Authorization to File /Collect Insurance

I the patient hereby give my authorization for the financial office of Greenhalgh Family Dental to affix my name to any and all claims or documents related to and needed for the processing of insurance/health benefits on my behalf. With this I am also authorizing the payments of such benefits to be made directly to Greenhalgh Family Dental.

Initials _____

Authorization for Treatment

I the patient hereby give my authorization to the dentist and team members of Greenhalgh Family Dental to render dental treatment to me that they judge to be beneficial to my oral and overall health. In giving this authorization it is understood that my dental condition will be explained to me and the options for the treatment of said dental condition will be explained with the pros and cons of each treatment option.

It is understood that I have the right to refuse any treatment options presented. However with refusal of treatment it is also understood that Dr. Greenhalgh has the option to refuse future treatment and even dismiss me from the practice when such refusal of treatment is seen as detrimental to my future dental health, or compromises the professional ethics of the Dentist.

Initials _____

Cell Phone

Use of cell phones in the operatories is prohibited and they must remain off during your time in the back office.

Initials _____

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND PROCEDURES AND GIVE THE ABOVE AUTHORIZATION FOR TREATMENT TO: GREENHALGH FAMILY DENTAL, P.A.

I HAVE ALSO BEEN GIVEN THE OPPORTUNITY TO READ AND REVIEW, AND BEEN GIVEN A WRITTEN COPY IF REQUESTED BY ME OF THE NOTICE OF PRIVACY PRACTICES FOLLOWED BY GREENHALGH FAMILY DENTAL.

Print Patient's Name: _____

Patient Signature: _____ Date: _____

If patient is a minor (under 18) or under the care of a caregiver:

Print Responsibility Party's Name: _____ Relationship: _____

Responsibility Party's Signature: _____ Date: _____

Please know this authorization will remain in effect until a new authorization is completed and signed.