



Office Policies, Procedures and Patient Authorizations

Payments

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

Initials _____

Insurance

If you have insurance, we will be happy to file your insurance claim as a courtesy. However you will be responsible for your deductible and coinsurance at each visit. Our computer software makes an estimate of what your insurance will cover and estimates what will be your “out of pocket” portion. 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.

Initials _____

Interest Free Payment Options

We do offer interest free payment options through CareCredit and Capital One Healthcare Financing. These are companies not affiliated with Greenhalgh Family Dental and we do not have any control over acceptance in these programs. We will assist you in the application process as much as we possibly can.

Initials _____

Financial Arrangements

Financial Arrangements may be possible. They must be made in advance, before any treatment has been started. Financial arrangements are at discretion of Greenhalgh Family Dental and will be handled on a case by case basis.

Initials _____

Full Payment Discount

We do offer a discount on cash and check payments made for the full amount of the service, and being paid at the time of service for non-insurance patients.

This discount is also offered to those of our patients with insurance when your coinsurance payment exceeds \$500.00.

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 90 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 before mentioned 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 _____

Please read and fill out both sides of this form – Thank You.

After Hours Phone Calls/Emergency Service

Our doctors are here for our patients when needed. They are 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, Wednesdays 12pm (noon) to 7pm, Thursdays 8am to 5pm, and closed Friday through Sunday. If you have an after hour's emergency please call the office's main line and the recording will give you the emergency numbers to reach the doctors. If the doctors come into the office to see you after hours there may be a \$100.00 after hour's fee applied to the visit.

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 phone call, post card, an e-mail, or any combination of the before mentioned. The patient understands this is a courtesy and that they are ultimately responsible to keep their dental appointments. If an appointment is missed without a 24 hour notice it is understood that Greenhalgh Family dental may charge a \$25.00 missed appointment fee. Please note that insurance will not reimburse this and it is the responsibility of the patient to keep all scheduled appointments.

Initials _____

Prime Time Appointments

In our practice we have found that our late evening (5pm and 6pm) appointments and our early morning (7am) appointments are highly sought after by our patients. If you have one of these "**Prime Time**" appointments and need to reschedule or cancel it is very important that you give us at least a 24 hour notice. If we do not receive at least a 24 hour you may be subject to the above missed appointment policy, and if you miss a "Prime Time" appointment twice without a 24 hour notice to the practice we will no longer be able to guarantee one of our "Prime Time" appointments for you.

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 also ask that you call ahead and let us know you are running late, and will do all that we can to still accommodate you when our schedule permits.

Initials _____

Authorization to File/Collect Insurance

I the patient here by 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 here by give my authorization to the dentists and team members of Greenhalgh Family Dental to render dental treatment to me that they judge to be beneficial to my oral and over all health. In giving this authorization it is understood that my dental condition will be explained to me and options for the treatment of said dental condition will be explained with 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 the dentists at Greenhalgh Family Dental have 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 _____

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

Print Patient's Name: _____

Patient Signature

Date

If Patient is a minor (under 18) or under the care of a care giver:

Print Responsible Party's Name: _____

Relationship to Patient: _____

Responsible Party's Signature

Date

I HAVE 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, P.A.

I HAVE ALSO GIVEN MY PERMISSION FOR MY MEDICAL AND PERSONAL INFORMATION TO BE SHARED WITH THE FOLLOWING INDIVIDUALS ON MY BEHALF.

Person's Name Relationship to Patient

Person's Name Relationship to Patient

Person's Name Relationship to Patient

(If no individuals are listed above, 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.)

Patient/Responsible Party's Signature

Date