



GREEN HILLS DENTISTRY

FAMILY • COSMETIC • SLEEP SOLUTIONS

1150 Glenlivet Drive, Suite C38, Allentown, PA 18106 Phone: 610.395.0980 Fax: 484.223.1933 www.ghdentistry.com

Policies and Procedures

Welcome to Green Hills Family & Cosmetic Dentistry! Our mission is to deliver world class dental care with a keen focus on patient service. We respect your trust in our ability to help you protect your dental health, and improve your smile. We are confident that you will feel comfortable with our caring professional staff, and state of the art facility. What follows is a brief summary of our practice policies and procedures. If you have any questions or need further clarification, we will be happy to accommodate you. Thank you again for letting us earn your trust. We work hard to exceed your expectations.

Appointments

Initials _____

We see patients by appointment only, and are pleased to offer extended office hours. If you must change an appointment, please notify us more than **24 hours** in advance. This will allow us to offer that reserved time to another patient who needs treatment. Appointments that are missed without notice or canceled in less than 24 hours will incur a fee based on the total time of the scheduled appointment. The fee will be \$40 for every hour that reserved for that appointment.

Emergency Care

Initials _____

If you should have an emergency, please call the office as early in the day as possible so we may see you promptly. If the office is closed, we can be reached via our paging system on our voice mail.

Financial Policy

Initials _____

Payment is due at the time of service. If you have dental insurance, we will submit an electronic claim to your carrier so that you can be reimbursed quickly and efficiently. If you prefer to pay for your treatment in installments, please ask about our interest-free financing programs. Our flexible payment options assure that you can afford to have the care you want.

Accounts unpaid after 30 days from the date of billing are subject to a finance charge of 1.5% per month on the balance due. If your account needs to be referred to collections, you will be responsible for the cost of collection, as well as any court costs and reasonable attorney's fees.

For your convenience, if the person responsible for the patient's account payments will not be present at the time of their appointments, we will be happy to keep a current credit card number on file.

Acknowledgement of Receipt

Initials _____

I acknowledge that I viewed a copy of Greens Hills Family & Cosmetic Dentistry **NOTICE OF PRIVACY PRACTICES.**

Please let us know how you would like to be contacted (check all that apply)*:

*Our patients like our email and text appointment reminders!

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Text: _____

I have read and accept the Policies and Procedures of Green Hills Family & Cosmetic Dentistry as outlined above.

Signature: _____ Date: ____ / ____ / ____