

Leslie J. Green, D.M.D., LLC

860 First Avenue Suite 6-A
King of Prussia, PA 19406
610-337-0950

Health Insurance Portability and Accountability Act Consent Form

Due to the health insurance portability and accountability act, our office is now required to give all patients the ability to obtain a copy of our privacy policy. It informs you how we use and disclose your health information for treatment, payment, and healthcare operations. This will be done at the patient's request. A copy of our policy will be available in the office reception room for patients to review. Please sign this as your acknowledgement that this office is following HIPAA policy. By signing this form, you consent to our use and disclosure of your protected health information to carryout treatment, payment activities, and healthcare operations. You have a right to read our Notice of Privacy Practices before you decide whether to sign this consent. You will have the right to revoke this consent at any time by giving us written notice of your revocation by certified mail.

Please initial the following statements:

_____ Protected information may be disclosed or used for treatment, payment or healthcare operations.

_____ The practice has a Notice of Privacy Practices and I have the opportunity to review that notice.

_____ The practice reserves the right to change the Notice of Privacy Policies.

_____ Patients have the right to restrict the uses of their information. But the practice does not have to agree to those restrictions.

_____ The patient may revoke this consent in writing at any time and all future disclosures will then cease.

_____ The practice may condition treatment based on the execution of this consent.

In order to ensure the accuracy of your protected health information, it is our office policy to update this form annually. I authorize Dr. Leslie J. Green to release my dental or insurance information as necessary to process my dental claims and coordinate or manage my dental care. In the event a family member or caregiver attends my dental visit and is in the exam room at the time of my evaluation or treatment, I give Dr. Leslie Green and staff members my permission to discuss freely, my condition, treatment or diagnosis with that person. YES / NO

May we call your name out loud in our lobby? YES /NO

May we leave messages at your home, work/cell numbers? YES /NO

Printed Name of Patient: _____

Date: _____ Signature: _____

Relationship to patient: _____

Leslie J Green DMD LLC

Written Financial Policy

Thank you for choosing Leslie J Green DMD LLC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$1000 or more.

- NO INTEREST¹ Payment Plans² from CareCredit

- o Allow you to pay over time with NO INTEREST¹
- o Convenient, low monthly payment plans² also available
- o No annual fees or pre-payment penalties

Please note:

Leslie J Green DMD LLC requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³

A fee of \$50 is charged for patients who miss or cancel more than 2 times in a calendar year without 48-hour notice.

Leslie J Green DMD LLC charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

if paid within the promotional period. Otherwise, the promotional rate will not apply. Payment is required for all services. Payment is required for all services. Payment is required for all services.

Subject to credit approval.

However, if we do not receive payment from your insurance carrier, you will be responsible for payment of all treatment fees and collection of your benefits directly from your insurance carrier.