

**Evergreen Dentists, Dr. Jacqueline B. Nguyen, D.D.S.**  
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## **OUR OFFICE FINANCIAL POLICY and EMAIL/TEXT**

### **GENERAL**

Thank you for choosing our practice as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read, and sign prior to treatment. The charges of this account remain the responsibility of the person signing this form, either: the Patient, Guarantor, Parent, Guardian, or accompanying adult.

All patients must complete our Information and Insurance form before seeing the doctor. **FULL PAYMENT IS DUE AT TIME OF SERVICE.**

**WE ACCEPT CASH, CHECKS, VISA, MASTERCARD and CARE CREDIT.**

### **REGARDING INSURANCE**

We will provide insurance company billing as a *courtesy* to our patients. The insurance policy is an agreement between the insured patient or patient's employer and the insurance company, not between the insurance company and this office. Fees are estimates only, are valid for 30 days from the date shown above and are subject to revision. Treatment could be altered if your dental needs change. The patient will be notified of any change(s) in treatment. Your insurance plan may request additional information directly from you. Your failure to timely comply to your insurance plan's request may result in your claim denial and if so, you will be responsible for full payment. The patient portion of particular dental service(s) is estimated and due at the time of service. If your insurance pays for a downgraded benefit, you are responsible for the difference between the fee for the actual procedure and the downgraded fee. If your insurance does not pay in full for any reason (employment changes, reduction in benefit, change in patient status, treatment costs exceeds annual maximum benefits), you will be responsible for the remaining balance of the treatment. We accept assignment of benefits for your convenience; however, if your dental insurance company sends you the payment check, you must sign that check over to Evergreen Dentists and the attached Explanation of Benefits. Therefore, it is the patient's responsibility to understand your insurance benefit and policy prior to accepting treatment.

The claims we submit to insurance companies indicate that you have assigned those benefits to Evergreen Dentists. However, if you are paid by the insurance company instead of Evergreen Dentists, you then become responsible for the total account balance and payment would be expected immediately. You as a patient are always responsible for any charges that are not covered by your insurance.

### **REGARDING INSURANCE PLANS WHERE WE ARE A PARTICIPATING PROVIDER**

All ESTIMATED portion and deductibles are due prior to treatment. In the event that YOUR insurance coverage changes to a plan where we are non-participating providers, refer to above paragraph.

We will care for patients, even if we do not participate with their dental insurance plan. This means your insurer may process the claim at a lower benefit level. For example, PPO programs may charge higher deductibles and co-insurances.

HMOs, which we do not participate, may not cover your claim.

### **USUAL AND CUSTOMARY RATES**

Our practice is committed in providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Fees are subject to change without notice.

### **ADULT PATIENTS**

Adult patients are responsible for full payment at time of service.

**MINOR PATIENTS**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to be approved; Visa/MasterCard, or payment by cash or check at time of service has been verified.

**MISSED APPOINTMENTS**

Unless canceled, at least 2 business days (Tuesday- Saturday) in advance, our policy is to charge for missed appointments at the rate of \$50.00 to the full amount of the scheduled visit. Please help us serve you better by keeping scheduled appointments. This is not covered by your dental insurance. More than 3 missed appointments or late cancellations may result in dismissal from our practice. After 2 missed appointments/ late cancellations, you will not be scheduled appointments; but are welcome to use our office as a "walk-in" patient or we can put you on our "Space Available" list and call you for last minute openings.

**INTEREST**

We reserve the right to charge interest in the amount of 18% per annum as provided by state law. Thank you for understanding the Financial Policy.

**EMAIL COMMUNICATION AND MOBILE TEXT**

It is important to note that email and text communication is not always secure. Email and text messages can be intercepted and for this reason, Evergreen Dentists does not communicate personal health information through this method. However, you may consent to receive email from us regarding treatment, x-rays, insurance, and account information, etc. We will use the minimum necessary amount of protected health information in any communication.

By signing below you are agreeing to receive emails and text messages from us; this may include non-appointment related emails throughout the course of your subscription with Evergreen Dentists. Emails may include special offers or alerts notifying you about important office news and events. You are also agreeing to allow Evergreen Dentists, APC to email unencrypted your X-rays and any additional information to specialists whom we refer for the purpose of treatment, payment, and healthcare operation. For texts, message and data rates may apply, please contact your wireless provider for specific information regarding your text message usage and charges. You may opt to unsubscribe at any time with the "unsubscribe" option. You also have the right to revoke this authorization at any time with written notice.

**CONSENT**

I understand and agree to this Financial Policy and Email Communication and Mobile Text as stated above.