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SIGNATURE ON FILE and ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize and irrevocably assign and transfer to Dr. Jacqueline B. Nguyen, D.D.S., A Professional Corporation (dba Evergreen Dentists), all rights, title, and interest for payment of insurance benefits, otherwise payable to me.

I understand my signature is valid unless revoked by me in writing.

I authorize Evergreen Dentists and its staff to provide any insurance company(s), claim administrator(s) and consulting health care professionals, information concerning health care advice, treatment or supplies provided. This information will be used for the purpose of evaluating and administrating claims for benefits. I authorize the release of all information necessary to secure the payment of benefits, including diagnosis and records of any treatment or examination rendered to me or my child to third party payors and/or health practitioners.

I authorize the use of this signature on all insurance submissions, and for any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

This authorization is valid unless revoked in writing by me. I know I have a right to receive a copy of this authorization upon request.

Comments: