

HUI DENTAL GROUP

901 S. El Camino Real, San Mateo, CA 94402

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Patient Acknowledgement of Dental Materials Fact Sheet:

I, _____ acknowledge that I have received from Hui Dental Group a copy of the Dental Materials Fact Sheet dated May, 2004.

Financial Policy:

- 1. Fees or estimated co-payment are due and payable on the same day that services are rendered unless prior arrangement has been made.**
2. The office will bill your insurance as a courtesy service. You are responsible for providing us with the correct insurance information within 15 days of your appointment. Otherwise, you will be responsible for your own insurance billing and payment in full is expected.
3. Dr. Leslie Hsu and Dr. Jimmy Kwan are Delta Dental Premier Providers. Dr. Tabitha Chen is Delta Dental PPO/Premier Provider. **HUI DENTAL GROUP IS OUT OF NETWORK FOR NON-DELTA DENTAL INSURANCE _____ (initial).**
4. All other insurance PPO patients will pay in full at the time of service whenever the insurance sends the payment directly to you.
5. **You are responsible for any balance not paid by your insurance from services rendered, including any amount exceeding your annual maximum benefit.**
6. Prior written authorization or approval of services by your insurance is not a guarantee of coverage or payment for services.
7. Overdue balances will incur a monthly interest charge of 1.5%.

Appointment Scheduling:

1. For all appointments made with the office, we **will contact you to confirm the appointment at least 4 days in advance**; Please indicate which of the following is your preferred mode of contact:
() CALL
() TEXT
() EMAIL _____
We must have the correct phone number(s) or email address in order to confirm accordingly. If appointments are not confirmed, we reserve the right to cancel the appointment(s).
2. If appointments are **cancelled without 48 hours notice or no show** (broken appointment), there is a 3 times of allowance at NO CHARGE extended to each of the patient due to unpredictable circumstances. Computer generated letter will be sent to patients and a no-show entry will be recorded in patient's file as our protocol. **After 3 broken appointments, our system will not allow us to schedule future appointments.**
3. If patients cancel an appointment and express that they will call back to reschedule, Hui Dental Group will only give ONE courtesy call and it will be the patient's full responsibility to call for future rescheduling.

Patient's Signature: _____ Date: _____