Family Dental Center
"Where we treat you like family"

4801 Montano RD N.W. A-3
Albuquerque, NM 87120
Phone 505-898-4504

Insured

Authorization for Signature on File

Authorization of Payment

I hereby authorize the office of Family Dental Center to affix my name to any and all claims or documents as related to any and all health benefits due to me and my dependents through my employment with:

I hereby authorize payment of dental benefits otherwise payable to me, directly to the office of Family Dental Center.

This "signature on file" will be valid from this date forward. A photocopy of this document may act as the original.

Date _____ Signature _____

Insured and Uninsured

Authorization for Signature on File

Release of Information/Financial Responsibility

I hereby authorize the office of Family Dental Center to affix my name to any and all claims or documents as related to any and all health benefits due to me.

I have reviewed the following plan and fees. I agree to be responsible for all charges for dental services and material not paid by my dental benefits plan, unless the treating dentist practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize the release of my information relation to this claim.

This "signature on file" will be valid from this date forward. A photocopy of this document may act as the original.

As a courtesy we will be submitting your claim(s) to your dental insurance company. We do not guarantee benefits. You are responsible for any remaining balance after insurance pays.

Date _____ Signature _____