

INSURANCE AUTHORIZATION

Dr. Henry A. Knowles, Jr. ~ 4318 Kelson Avenue ~ Marianna, FL 32446 ~ (850) 526-3939

- I understand and agree that dental insurance policies are an arrangement between the insurance carrier and myself.
- I understand that this dental office will prepare any necessary report and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt.
- However, I clearly understand and agree that all services rendered to me are charged directly to me and that I personally responsible for payment. I also understand that if I suspend or terminate my care and/or treatment, fees for professional services rendered to me will be immediately due and payable.
- I authorize use of this form on all of my insurance submissions.
- I authorize release of information to all my insurance companies.
- I authorize Dr. Knowles and his staff to act as my agent in helping obtain payment from my insurance companies.
- I authorize payment directly to Dr. Knowles.
- I permit a copy of this authorization to be used in place of the original.

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____