

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. However, the patient is responsible for all fees, regardless of insurance coverage. It is also customary to pay for services when rendered, unless other arrangements have been made in advance with our business manager.

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Dr. Gregory Lane to furnish information to my insurance carriers, regarding dental services rendered, and I hereby assign to him all payments for dental services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by my insurance carrier.

Date:

Signature: