

# **AUTHORIZATIONS**

I affirm that the information I have given is correct. It is my responsibility to inform this office of any changes to my medical status, medications, insurance and address. **I authorize the dental staff to perform the necessary dental services I may need.** I understand that payment is expected at the time of service, and I agree to be fully responsible for my, or my minor children's charges. I also understand that I am responsible for any collection cost, should such action become necessary.

\_\_\_\_\_  
Patient's (Guardian) Signature

\_\_\_\_\_  
Date

## **RECORDS AND RELEASE AUTHORITY**

I hereby request that, if necessary, Brighter Smiles provide digital and/or written information pertaining to my dental/medical condition and/or treatment to:

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Relation to Patient

I understand that no information will be provided to family, including spouses, unless their name appears above. I also understand that this release of information shall remain in effect until I provide written notification of changes.

\_\_\_\_\_  
Patient's (Guardian) Signature

\_\_\_\_\_  
Date

## **INSURANCE AUTHORIZATION**

I certify that I am covered by \_\_\_\_\_ Insurance Co. and I assign directly to Brighter Smiles all insurance benefits, otherwise payable to me. I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize the dentist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

\_\_\_\_\_  
Patient's (Guardian) Signature

\_\_\_\_\_  
Date

## **HIPPA RELEASE**

I have received a copy of the office's NOTICE OF PRIVACY PRACTICES (HIPPA)

\_\_\_\_\_  
Patient's (Guardian) Signature

\_\_\_\_\_  
Date

### **For office use only:**

If the HIPPA portion was not signed the reason why: \_\_\_\_\_

**Photo I.D.** on file per federal law

**PAYMENT IS DUE AT TIME OF SERVICE**