

**Oneal Russell, DDS, LLC
71 Amos Garrett Blvd.
Annapolis, MD 21401
(410) 263- 4300**

Section IX:

Assignment and Release

I, the undersigned, certify that I (or my dependent) will assign to Oneal Russell, III, DDS or Oneal Russell, Jr., DDS all insurance benefits, if any, otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance, for finance charges which will accrue for outstanding account balances that exceed 45 days, and for any costs involved with collecting this balance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date

In the near future our dental software MAY be able to remind you of your upcoming appointments through email, phone or text. Until this time we will continue to call you to remind you of your appointments. When the software system allows a different method of communication, how would you like to be contacted?

Circle one

Phone

Email (provide an address you use regularly)

Text (if possible)