

DRS. PERRY & TYLER
McKELL W. PERRY, DDS, Inc.
ERIC R. TYLER, DDS, Inc.

190 SAN MARIN DR., SUITE A
NOVATO, CA 94945

AUTHORIZATION FOR SUBMISSION OF CLAIMS
AND ASSIGNMENT OF BENEFITS

I authorize any one of the dental care providers named above to submit claims for payment for services to the health care service plans or insurance companies named below on my behalf and in my name, and assign to such provider(s) the group insurance benefits otherwise payable to me, but no to exceed the provider's actual charges for the covered services. I understand that I am financially responsible for any charges not covered by the group insurance benefits.

1. _____

2. _____

3. _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I authorize the dentist(s) names above to release to hospitals or health care service plans, insurance companies, self-insurers, or their representatives, any and all information and records (including x-rays) about my medical history, or about services rendered, or treatment given to me, that is needed to review, investigate or evaluate any claim for benefits.

If my coverage is under a group master agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit.

Name of patient

Date

Signature of patient, parent or guardian