

Bayside Endodontics
333 Gellert Blvd., Suite #242, Daly City, CA 94015
Phone: (650) 757-3636
Fax: (650) 757-1775

SIGNATURE ON FILE

I hereby authorize payment directly to the dental practice listed above of the dental benefits otherwise payable to me.

I understand my signature is valid for two years from the above date, unless revoked by me at an earlier date.

The above listed dental practice and its staff is authorized to provide any insurance company(s), claim administrator(s) and consulting health care professionals, information concerning health care advice, treatment or supplies provided. This information will be used for the purpose of evaluating and administrating claims for benefits.

This authorization is valid for the term of coverage of the policy or contract, in force on this date only, or for two years, which ever is shorter.

I know I have a right to receive a copy of this authorization upon request.