



481 South Orange Ave., South Orange, NJ 07079  
Phone: (973) 762-2660 • Fax: (973) 762-5473

## Release:

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper care.

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize release of any information concerning my (or my child's) health care, advice and treatment to another dentist.

I hereby authorize payment of insurance benefits directly to South Orange Dental Center, P.A., otherwise payable to me.

I understand that my dental care insurance carrier or payor of my dental benefits may be less than the actual bill for services. I understand I am financially responsible for payments in full of all accounts. By signing this statement, I revoke all previous agreements to the contrary and agree to be fully responsible for payment of services not paid, in whole or in part by my dental care payor. There will be a \$30.00 No Show/Cancellation Fee for all appointments not rescheduled within 48 hours.

**Payment is due at the time of treatment. If you have dental insurance that allows Assignment of Benefits to our office, it is acceptable to pay only your portion and deduct the amount you insurance is estimated to pay as determined by our Insurance Secretary.**

**We accept cash, check, credit card, and CareCredit.**

I attest to the accuracy of the information on this page.

**Patient or Guardian's**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_