

**NORTHAMPTON DENTAL GROUP, P.C.**

**ROBERT D. BOYNTON, JR., D.D.S.      ALAINA ELRINGTON KELLY, D.D.S.**

As a courtesy to our patients with insurance, we will gladly submit claims and pre treatments estimates to your insurance company. There are many plans with varying amounts of coverage. Most plans have deductibles, co insurance, and annual maximums or pay on a table of allowance basis. However, very few plans pay for all the dental treatment you may require. In each case, the patient has some financial responsibility to the dentist. Patients are financially responsible for all charges incurred.

**AUTHORIZATION TO PAY BENEFITS:**

I hereby authorize my insurance company to make payments directly to the above named dentist(s) for services rendered.

**AUTHORIZATION TO RELEASE INFORMATION:**

I hereby authorize the above named dentist(s) to provide information concerning examination and /or treatment to my insurance company to expedite payment of my benefits and any other health care professional when necessary.

I recognize and accept responsibility for payment of services not covered by insurance benefits.

RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_