

# **Baltimore Periodontics**

Lasers & Dental Implants

6400 Baltimore National Pike Ste. 200B, Catonsville, Maryland 21228

www.baltimoreperio.com

Phone 410-744-6088 Fax 410-744-6141

## **YOUR SIGNATURE IS NECESSARY FOR US TO:**

- 1. PROCESS ALL INSURANCE CLAIMS.**
- 2. ENSURE PAYMENT FOR SERVICES PROVIDED.**
- 3. RELEASE MEDICAL INFORMATION TO INSURANCE COMPANIES NEEDED FOR THE PROCESSING OF YOUR CLAIMS.**
- 4. RELEASE INFORMATION TO OTHER MEDICAL AND DENTAL PROVIDERS, INCLUDING LABORATORIES, WHEN NECESSARY, FOR YOUR TREATMENT.**
- 5. COMMUNICATE WITH OTHER PROVIDERS PERTAINING TO YOUR TREATMENT VIA EMAIL WHEN NECESSARY, THIS INCLUDES SHARING OF XRAYs.**
- 6. TO WRITE SIGNATURE ON FILE, ON THE CREDIT CARD MACHINE.**

I hereby authorize the release of all medical information necessary to process my claims and I authorize release of this same information, when necessary, to other providers rendering medical/dental care, as well as to labs that need my information to make a diagnosis or fabricate an appliance necessary for my treatment.

I assign all medical and surgical benefits, including major medical benefits to which I am entitled, to "Baltimore Periodontics". This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

Patient Signature \_\_\_\_\_

Patient Full Name (printed) \_\_\_\_\_

Parent Signature (if minor) \_\_\_\_\_

Date Signed \_\_\_\_\_