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SIGNATURE ON FILE

I authorize use of this form for the following: insurance submissions, release of information to my insurance carriers, assignment of payment from the insurance company, and transfer of records to and from my physicians or dentists.

I permit a copy of this authorization to be used in place of the original for insurance purposes.

A credit reporting service may be used to obtain a credit report.

A billing agency will be used for billing and insurance procedures.

Patient's Name: _____

Parent's Name: _____

Signature: _____ Date: _____