



115 South School Street • Bellefonte, PA 16823 • (814) 355-1587

SIGNATURE ON FILE

- I authorize use of this form on all my insurance submissions.
- I authorize release of information to all my insurance companies.
- I understand that I am responsible for my dental bill.
- I authorize Bellefonte Family Dentistry to act as my agent in helping me obtain payment from my insurance companies.
- I authorize payment directly to Bellefonte Family Dentistry.
- I permit a copy of this authorization to be used in place of the original.
- My signature also applies to all dependents listed on my insurance plan.

SIGNATURE: _____

DATE: _____