

MEDICARE/INSURANCE AUTHORIZATION

MONADNOCK DENTAL ASSOCIATES, PLLC

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Jaffrey, NH 03452
(603) 532-8720

SIGNATURE ON FILE

- I authorize use of this form on all my insurance submissions.
- I authorize release of information to all my insurance carriers.
- I understand that I am responsible for my bill.
- I authorize my doctor to act as my agent in helping me obtain payment from my insurance carriers.
- I authorize payment directly to my doctor.
- I permit a copy of this authorization to be used in place of the original.

Name _____ Medicare # _____
Please Print If Applicable

Signature _____ Date _____