

**DAVID CIRCEO, DDS, PC**  
**804-262-9824**  
**6113 LAKESIDE AVE.**  
**RICHMOND, VA 23228**

***INSURANCE AUTHORIZATION, ASSIGNMENT AND RELEASE***

I certify all information provided is correct to the best of my knowledge. I understand that providing incorrect information can be dangerous to my health. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to my child or me during the period of such dental care to third party payers and/or health practitioners. I authorize and request my insurance to release the assignment of benefits directly to the dentist otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

We are glad to assist you in securing payment of claims, but ask that you pay your estimated portion when services are rendered. In fairness to the dentist, patients must understand insurance is a contract between the patient and the insurance company.

**Payment of professional fees is due in full**, unless arrangements are approved prior to treatment.

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We accept cash, checks, Mastercard, Visa and Discover.

As a service to our patients who are covered by insurance, the office can assist in filing the insurance claim. Any co-payments, however, are due when services are rendered.

The fee for a returned check is \$35.00

We reserve the right to charge a \$35 missed-appointment fee **per** appointment time if cancelled within 24 hours of the appointment time.

I agree to be responsible for payment of all services rendered on behalf of my dependents and myself. If payment is not received within 30-days of service, collection proceedings may ensue. I will be responsible for collections fee, attorney's fees and court costs pursuant to collection.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Patient/Responsible Party (if a minor)