COLOMBO DENTAL ASSOCIATES, LLP

Fred J. Colombo, DDS
Victoria Colombo, DMD
Frank Liu, DDS
996 Hicksville Road * Massapequa, NY 11758
516.799.1787
www.colombodentalassoc.com

_______________________________	_______________________________
ENROLLEE SOCIAL SECURITY NUMBER	*ENROLLEE NAME*

I, ________________________ authorize Colombo Dental Associates, L.L.P. to mark the section "enrollee's or authorized person's signature" with the notation "signature on file".

This section authorizes:

1. The release of any medical information necessary to process this claim.
2. Payment of dental benefits to the undersigned dentist described below.

This authorization will remain in force until terminated in writing by the enrollee.

_______________________________	_______________________________
ENROLLEE SIGNATURE	*DATE*

PLEASE NOTE:

This office does NOT accept insurance payment as payment in full.
Any remaining balance (after receiving insurance payment) is the sole responsibility of the patient.