

JEFFREY A. BURNS, D.M.D.
933 Hartford Turnpike
Vernon, Connecticut 06066

AUTHORIZATION TO PAY BENEFITS:

I hereby authorize payment directly to the above named dentist of the dental benefits otherwise payable to me.

These authorizations are valid for the term of coverage of the policy or contract, in force on this date.

I understand that my insurance is a contract between myself and my carrier and that I am responsible for all costs of dental treatment.

Print Patient Name

Patient or Authorized Person's Signature

Date

BILLING POLICY FOR "FAILED" APPOINTMENTS

If you are unable to keep a scheduled appointment you should give us at least **24** hours notice that your appointment has to be changed. Time is reserved for you and is valuable. Unfortunately, many people call and have to be turned down because of unavailability. If we do not receive **24** hours notice you will be billed a fee of \$50 to be paid before your next appointment can be reserved.

In addition, if you fail to keep two (2) appointments we will no longer be able to reserve appointment time in advance for you.