Advanced Dental Concepts

Dr. Gregory M. Okoniewski
3916 Auburn Rd, Auburn Hills, MI, 48326

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I hereby authorize Dr. Okoniewski to release to hospital or health care service plans, insurance companies, self-insurers, or their representatives, any and all information and records (including x-rays) about my medical history, or about services rendered or treatment given to me, that is needed to review, investigate or evaluate any claims for benefits.

If my coverage is under a group master agreement held by an employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review of financial audit.

Date_____ Name _____ Signature_____

AUTHORIZATION FOR SUBMISSION OF CLAIMS & ASSIGNMENT OF BENEFITS

I authorize Dr. Okoniewski to submit claims for payment of services rendered to me to the proper health care service plan in effect at the time on my behalf and in my name, and assign to such provider the group insurance benefits otherwise payable to me, but not to exceed the provider's actual charges for the covered services. I understand that I am financially responsible for any charges not covered by the group insurance benefits.

Date_____ Name _____ Signature_____

OWNERSHIP OF RECORDS

I understand that any and all records (x-rays, study models, photos) must stay within the possession of Dr. Okoniewski's office. I will be able to receive a copy of my records upon receipt of a prepayment duplicating fee for each separate item requested. The fee for a copy of radiographs is $12.00, $5.00 per copy of Spectra scan photo, $1.00 per copy of intraoral photo, $25.00 for a duplication of study models. One must allow five business days for duplications and will be available when the duplicating fee is prepaid. All outstanding balances must also be paid in full before duplicates will be made.

Date_____ Name _____ Signature_____