Beverly Hills
PERIODONTAL ARTS & IMPLANTS
"We Practice the Science Artfully"

Sam S. Markzar, D.D.S., Inc.
U.S.C. Assistant Professor

ASSIGNMENT OF INSURANCE BENEFITS & PAYMENTS

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical or insurance status. **I authorize the dental staff to perform necessary dental services that I may need during diagnosis and treatment with my informed consent.**

I hereby authorize this office to furnish information to insurance carriers concerning treatment. **I understand that I am financially responsible for all charges whether or not paid by insurance.** I hereby authorize said assignee to release all information necessary to secure payment. A late fee will be charged on the unpaid balance on all accounts exceeding 30 days, and later than 90 days for any claims that have not been paid by my insurance, unless previous financial arrangements are agreed upon.

_____ _____/_____/_____
Signature Date

8500 Wilshire Blvd., Suite 819 Beverly Hills, CA 90211
Phone: 310-360-7570 • Fax: 310-360-1098