AARON THOMAS WACHTEL, DDS
THOMAS J. WACHTEL, DDS
608 E. Ogden Ave
Geneseo, IL 61254
309-944-5191

AUTHORIZATION FOR SUBMISSION OF CLAIMS AND ASSIGNMENT OF BENEFITS

I authorize the health care provider named above to submit claims for payment for services to the health care service plans or insurance companies named below, 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.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I authorize the dentist named above 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 on treatment given to me, that is needed to review, investigate or evaluate any claim for benefits.

This authorization shall remain effective for up to five years from this date, I know that I have the right to receive a copy of this authorization if requested.

Signature of Patient

Name of Card Holder:

Date: