

# MEDICARE/INSURANCE AUTHORIZATION

## MONADNOCK DENTAL ASSOCIATES, PLLC

123 Main Street  
Jaffrey, NH 03452  
(603) 532-8720

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### ***SIGNATURE ON FILE***

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- I authorize use of this form on all my insurance submissions.
- I authorize release of information to all my insurance carriers.
- I understand that I am responsible for my bill.
- I authorize my doctor to act as my agent in helping me obtain payment from my insurance carriers.
- I authorize payment directly to my doctor.
- I permit a copy of this authorization to be used in place of the original.

Name \_\_\_\_\_ Medicare # \_\_\_\_\_  
Please Print If Applicable

Signature \_\_\_\_\_ Date \_\_\_\_\_