STEVEN R. FRIMTZIS, DMD Inc.
GENERAL & COSMETIC DENTISTRY

37017 Cook Street, Suite 102
Palm Desert, CA 92211
Phone: 760.345.6633

Insurance Consent For Billing

Patient Consent Form

All patients: PLEASE READ AND SIGN PRIOR TO TODAY'S TREATMENT

I, _____ (please print name) am voluntarily seeking dental treatment from Steven R. Frimtzis, DMD Inc. I give permission to the dental services that have been described to me, and accept the treatment in accordance with the information, explanation and recommendations they provided to me.

_____ _____/_____/_____
Patient Signature Date

CONSENT TO BILL

•I hereby authorize that Steven R. Frimtzis, DMD Inc. may furnish information concerning my treatment to my insurance carrier (s) in accordance with its privacy policy.

• I understand that my insurance may not cover all charges deemed necessary for today's treatment and because of that I will be billed for today's treatment at the contracted rate that Steven R. Frimtzis, DMD Inc. has with my current insurance carrier. I also understand that I am personally responsible for any part of the charges that are not covered by my insurance and I will be billed for those services at the end of today's visit.

• I hereby also agree that if my insurance carrier sends payment directly to me, I will reimburse Steven R. Frimtzis, DMD Inc. in a timely manner for rendered services of treatment.

_____ _____/_____/_____
Patient Signature Date