Bradley J. Shuder, DDS, LLC
549 East County Line Road, Suite G
Greenwood, IN 46143
Phone: (317) 881-9364
Fax: (317) 883-0881

SIGNATURE ON FILE

I acknowledge I have received a copy of this office's Notice of Privacy Practices.

I authorize use of this form on all my insurance submissions.

I authorize release of information to all of my insurance companies or providers.

I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies.

I authorize payment directly to my doctor, Bradley Shuder, DDS.

I understand that my insurance is a contract between me and my insurance company. Bradley Shuder, DDS is NOT a party to this contract. Bradley Shuder, DDS will bill my primary insurance company as a courtesy to me. If my insurance company delays payment or refuses to pay, I am responsible for the FULL AMOUNT due. If/when my insurance company does pay, Bradley Shuder, DDS will promptly refund any money owed to me.

If I am the parent authorizing treatment for a child, I will be responsible for any associated copays and any remaining balances. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is MY responsibility to collect from the other parent.

I permit a copy of this authorization to be used in place of the original.

Printed Name: _____ Date: _____

Signature: _____

My signature also applies to my dependents listed here:

_____