



Anna M. Munné, D.D.S., P.A.

Periodontics • Implants

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**RELEASING CONFIDENTIAL INFORMATION TO YOUR
INSURANCE COMPANY**

Date _____

To be able to file with your insurance company, we must have your current insurance card on the day you are seen. **We are not able to file without an insurance card.** If you do not have your card, you will receive an itemized receipt so you can file the claim yourself. If the card that you present is not current or does not contain correct information, you will be responsible for filing your own insurance. We will not be able to refile the claim again later.

I, _____, authorize Anna M. Munné, D.D.S., P.A., to release confidential information regarding my medical and dental records to my insurance carrier for the purpose of obtaining partial reimbursement from my insurance benefits.

Print Patient's Name

Patients Signature

Parent or Guardian

Witness