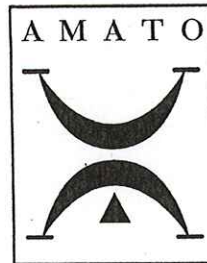


Steven M. Amato D.D.S., M.S.



ORTHODONTICS  
*We'll help you smile all over.*

17 East Waldo Blvd. Manitowoc, Wisconsin 54220  
Phone: 920-684-7103 Fax: 920-684-5570

Would you please help us by completing the enclosed insurance information sheet. If the information applies to more than one member of your family, please list all of the patient names on the top of the form.

On the bottom of this letter is an authorization for release of information and authorization for the assignment of insurance benefits to be paid directly to your account. Please sign both areas and return both forms to the office. ***In the event that a treatment plan is agreed upon, we will have this information on file and ready to process.***

We will take care of filing your insurance claims but please understand it is your responsibility to notify us immediately of any insurance issues, non-payment of your benefits, or change of insurance company.

Thanks for helping us to better serve you.

I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. I understand it is my responsibility to inform the office of any insurance issues or non-payment as our office is not notified of changes or stoppage of payment.

\_\_\_\_\_  
Signed (patient or parent of minor)

\_\_\_\_\_  
Date

I hereby authorize payment to Steven M. Amato, D.D.S. of the group insurance benefits otherwise payable to me, but not to exceed the charges shown.

\_\_\_\_\_  
Signed (insured person)

\_\_\_\_\_  
Date



Member American Association of Orthodontists