

Authorization for Signature on File

By my signature below, I, _____, hereby authorize you to remit directly to Hillcrest Family Dental, L.L.C., payment for any and all covered dental expenses incurred as a result of dental care or treatment rendered in the office of Hillcrest Family Dental, L.L.C., to me and/or the following of whom I am parent and/or legal guardian, regardless of the date of such care or treatment and without further authorization from me. This authorization shall remain in effect until expressly revoked by me. A photocopy of this authorization shall be as valid and as binding as the original.

Today's Date

Subscriber's Name

Spouse's Name

I am the parent and/or legal guardian of:

Signature of Subscriber