

Diane L. Lide, DDS, PC



Frisco Pediatric
Dentistry

INSURANCE AUTHORIZATION

I certify that my child is covered by my insurance company and I assign directly to Dr. Lide all insurance benefits otherwise payable to me. I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize the dentist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

Signature

Date