Assignment insurance benefits Authorization /Release

I, the undersigned, have insurance with:
(name of insurance company) _____ assign directly to Dr. Chris A. Castellano/staff all benefits, if any, otherwise payable to me for services rendered. I understand that I'm financially responsible for all charges whether or not paid by my insurance. I herby authorize the doctor to release all information deemed necessary by my insurance to secure the payment of benefits. I authorize the use of this signature on my insurance submissions whether manual or electronic.

Date:_____Signature_____

Minor/child Authorization/ Release

I being the parent or guardian of
(name minor/child)_____ do hereby request and authorize Dr. Castellano/staff to perform necessary dental services for my child, including but not limited to x-rays, and analgesics/ anesthetics which are deemed advisable by Dr Castellano, whether or not I am present at the actual appointment when treatment is rendered.
As parent or guardian I accept full responsibility for all fees for services rendered for treatment of above named minor/child.

Date:_____Signature_____

How did your hear about us? (please check one)

__ Previous patient of Dr Castellano

__ Word of mouth

__ Add/flyer/coupon which one?_____

__ web site

__internet search for ? _____

__ referred by: _____