

Curtis J. Perry, D.D.S.

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Authorization for submission of claims and assignment of benefits

I authorize the office Curtis J. Perry, D.D.S. to submit claims for payment for services to the health care service plans or insurance companies named below, on my behalf and in my name, and assign to Curtis J. Perry, D.D.S. the insurance benefits otherwise payable to me, but not to exceed the provider's actual charges for the covered services. I understand that I am financially responsible for any charges not covered by the insurance benefits.

Date

Print name of Patient

Signature of Patient, Parent or Guardian

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - Notice of Privacy Practices Aknowledgement

Federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services; visit www.HIPAA.org for more information. I acknowledge that I received or read a copy of Dr. Curtis J. Perry's Notice of Privacy Practices.

Date

Print Name of Patient

Signature of Patient, Parent or Guardian

Patient Acknowledgment for Receipt of the Dental Materials Fact Sheet

I,

, acknowledge I have received from

Name of Patient

Dr. Curtis J. Perry, his associate or staff gave me a copy for examination of the Dental Materials Fact Sheet dated May 2004. http://www.dbc.ca.gov/pdf/dmfs2004.pdf