JOY OF SMILE
FAMILY AND COSMETIC DENTISTRY
ANDREW FUNDO, DMD
70-11 108th Street Suite 1D Forest Hills NY 11375 718 544 2929 www.joyofsmile.com

ASSIGNMENT OF BENEFITS AGREEMENT

CONSENT FOR TREATMENT:
I consent to have Andrew Fundo, D.M.D. and his staff provides treatment as recommended. I understand this consent may be revoked by me at any time.
X_____
Patient, Insured, or Authorized Agent's Signature

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND INFORMATION:
I hereby authorize the release of any medical records and information, including statements of my account pertinent to this dental treatment, which are necessary to process this claim.
X_____
Patient, Insured, or Authorized Agent's Signature

ASSIGNMENT OF DENTAL BENEFITS:
I hereby authorize payment of dental benefits to Andrew Fundo D.M.D. for dental services rendered. Dental benefits eligibility are determined by your insurance. You will be responsible for all expenses not covered by your insurance.
X_____
Patient, Insured, or Authorized Agent's Signature

If you do not have dental insurance, payment for services is expected at the time of service.
I acknowledge that I understand that payment is expected at time of service unless a payment plan is agreed to and established on my behalf.
X _____

YOUR SIGNATURE BELOW INDICATES:
1. You understand and accept our policy of assignment of insurance benefits.
2. You attest to the accuracy and completeness of the dental insurance coverage information.
3. You authorize this office to release the information necessary to process your claims and appeals in addition to payments of dental benefits to Andrew Fundo D.M.D.
4. You have acknowledged that Joy of Smile Dentistry, P.C is in compliance with HIPPA's privacy policy stating that we are required to maintain the privacy of your health information.
Please know this information is on file in our system and is always available to you by request.
5. **There is a $50 cancellation fee for all missed appointments without 24 hour notice.**

Signature of patient or responsible party: _____ Date _____

Thank you for choosing our dental office for your oral care needs!