

Gary F. Ozga, D.D.S., P.A.

1296 South Federal Highway
Pompano Beach, Florida 33062

Assignment and release

I understand that this represents only an estimate of my dental insurance benefits. I understand that this is not a guarantee of payment from my insurance carrier and I am responsible for any amounts that are unpaid for any reason.

I understand that cosmetic upgrades may not be covered by my insurance carrier and therefore I am responsible for cost of the upgraded procedures.

X_____ _____
Signature (patient/guardian) Date

I hereby authorize and direct payment of the dental benefits other wise payable to me, directly to the below named dentists or dental entity.

X_____ _____
Signature (patient/guardian) Date

X_____

Print Name