



I understand that Empower Dental, PA, is billing my insurance company as a courtesy to me. Dental Insurance plans are complicated and vary widely and I understand that my insurance policy is between me and my insurance company. Empower Dental's willingness to assist me in filing claims is not a guarantee of coverage or out of pocket cost reduction to me, and Empower Dental is not responsible for my insurance coverage in any way.

I understand Empower Dental will do everything possible to advocate for me with my insurance company, but the ultimate decision on paying claims is my insurance company's alone. Once claim payment has been made by my insurance company, or alternately an EOB has been processed and returned to Empower Dental whatever copayment or balance is left of my treatment cost is due immediately, and I authorize Empower Dental, PA to charge my copayment or balance in full to the following credit card:

Type: MC Visa Discover American Express HSA

Card #: _____

Exp Date: _____ / _____

Security code: _____

House #: _____

Zip code: _____

SIGNATURE: _____ DATE: _____