**Rebecca J. Woodward, D.M.D. & Adam S. Kaufman, D.M.D.**
**11-4 Wells Street • PO Box 2058 • Westerly, RI 02891-0917**

# AUTHORIZATION FOR SIGNATURE ON FILE AUTHORIZATION OF PAYMENT/RELEASE OF INFORMATION AND FINANCIAL RESPONSIBILITY

I _____, understand and agree that I am responsible for all charges incurred regardless of insurance coverage. I understand that Rebecca J. Woodward, D.M.D. and Adam S. Kaufman, D.M.D. have accepted the insurance company's verification of coverage and benefits in good faith that the claim will actually be covered as described by the insurance company. In the event that the insurance company does not cover the claim for the verified benefits, I agree to be responsible for all charges for dental services and materials which I and/or my dependents have incurred and authorized in my and/or my dependents treatment. I agree that any balance not paid by my insurance company within 60 (sixty) days will be my responsibility to pay. I agree to furnish the insurance company and Drs. Woodward and Kaufman with any additional information or paperwork requested to expedite payment of my claim. To the extent permitted under applicable law, I hereby authorize release of any information relating to all claims for benefits submitted on behalf of myself and/or my dependents. I hereby assign and authorize payment of dental benefits otherwise payable to me, directly to the office of Rebecca J. Woodward, D.M.D. and Adam S. Kaufman, D.M.D. I agree that a photocopy of this document and authorization may act as an original and that my signature below shall authorize payment to the dentist for any services rendered to me or my dependents as if I had signed each benefit assignment of future claims.

I hereby authorize payment of dental benefits otherwise payable to me, directly to the office of Rebecca J. Woodward, D.M.D. and Adam S. Kaufman, D.M.D. This "Signature on File" will be valid from this date forward. A photocopy of this document may act as an original.

_____ TODAY'S DATE

_____ SIGNATURE OF INSURED

_____ WITNESSED BY