Keely N. Lawson D.D.S., P.A.
General Dentistry

414 W. Pleasant Run Rd.
Lancaster, Texas 75146
P 972-227-5444 F 972-227-5332
www.drklawson.com

Insurance Signature on File

I hereby authorize my dental care provider to affix my name to all insurance submissions, documents, and/or information requested by my insurance company(s) relating to any and all health benefits due to me and my dependents.

I also authorize payment of dental care benefits otherwise payable to me, directly to the provider as listed above. I agree to be held responsible for all charges and services not paid by my insurance company.

Date: _____

Name of Patient : _____

(Please Print)

Name of Policy Holder: _____

(Please Print)

Signature of Policy Holder: _____

(Please Sign)

Witnessed by: _____

(Please Sign)

The Signature on File is valid from this date and expires in one year. A photocopy of this authorization may act as an original.