TIMOTHY J. KREIMER, DDS, MS
3560 Blue Rock Rd.
Cincinnati, Ohio 45247
513-385-9888

Authorization and Release

I authorize the dentist to release any information including the diagnosis and the records or any treatment or examination rendered during the period of such dental care to the third party payers and/or other health practitioners.

I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf.

X_____
Signature of patient

Date_____