

PHILLIPS SCHMITT

PAYMENT AND INSURANCE CONSENT

Phillips & Schmitt, DDS, PA requests payment in full at time of service for all services rendered. I consent to treatment and consent to release of information for insurance purposes. Phillips & Schmitt, DDS, PA does not accept assignment of benefit from insurance companies. The benefits will come directly to the patient.

I agree that Phillips & Schmitt, DDS, PA may request and use my prescription medication history from other healthcare providers or third party Pharmacy benefit payors for treatment purposes.

I have received a copy of Phillips & Schmitt, DDS, PA current Notice of Privacy Practices.

Patient Signature _____ Date _____
(or patient representative's signature)

Revised October 12, 2016