

Wolcott Dentistry

6010 Draper Street, Wolcott, NY 14590
315.594.8611



Pre-Authorized Health Care

Use: Please use this form to grant Wolcott Dentistry to contact and bill your Health Care provider.

Instructions: Please print this form and complete with all the requested information. Bring the completed copy to your dental visit.

I assign insurance benefits for the patient listed below to the provider listed above. I understand that this form is valid unless I cancel the authorization through written notice to the health care provider.

Patient Name (Print): _____

Patient Address: _____

Subscriber Name (Print): _____

Subscriber Address: _____

Patient/Parent/Guardian

Signature: _____

Date: _____

Subscriber Signature: _____

Date: _____