

**Robert J Herman, D.D.S, M.S.
6565 South Yale Avenue, Suite 510
Tulsa, OK 74136-8337**

Patient's Name: _____

I give consent to Robert J. Herman, DDS, MS to give the following family members and/or friends any personal information on mine or my child's account and/or to bring them to an appointment-

Name & Relationship:

1). _____

2). _____

3). _____

Parent/Guardian Signature

Date

Authorization to File Dental Insurance

I agree to be responsible for all charges for orthodontic services and materials not paid by my dental benefit plan, unless prohibited by law or the treating orthodontist has a contractual agreement with my plan prohibiting all or a portion of such charges. I consent to your use and disclosure of my protected health information to carry out payment activities in connection with claims.

Patient/Parent/Guardian Signature

Date

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Robert J. Herman, DDS, MS.

Patient/Parent/Guardian Signature

Date

Last Updated: 8/14/15