



Dr. Carolyn Taggart-Burns
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Signature Release Statement

Your signature is necessary for us to:

- Process ALL insurance claims
- To ensure payment for services rendered
- To release medical information to insurance companies
- To release information to other medical/dental providers, WHEN NECESSARY, for your Treatment.
- To use photographs or x-rays as education tools when necessary

I authorize the release of all medical information necessary to process my claims and I authorize the release of this information, when necessary, to other providers rendering medical/dental care. I assign all benefits to Millard Oaks Dental. This assignment will remain in effect until revoked by me **in writing**. A photocopy of this assignment is to be considered as valid as the original.

Patient /Responsible Party : _____
(parent, if minor)

Witness : _____ Date : _____