

JEFFREY A. BURNS, D.M.D.  
933 Hartford Turnpike  
Vernon, Connecticut 06066

**AUTHORIZATION TO PAY BENEFITS:**

I hereby authorize payment directly to the above named dentist the dental benefits otherwise payable to me.

These authorizations are valid for the term of coverage of the policy or contract, in force on this date.

I understand that my insurance is a contract between myself and my carrier and that I am responsible for all costs of dental treatment.

---

**Print Patient Name**

---

**Patient or Authorized Person's Signature**

**Date**

**BILLING POLICY FOR "FAILED" APPOINTMENTS**

Please note, 24 hours' notice is required if you are unable to keep a scheduled appointment. Time is reserved for you and is valuable. Unfortunately, many people call and have to be turned down because of unavailability. If we do not receive **24** hours notice you will be billed a fee of \$50 to be paid before your next appointment can be reserved.

In addition, if you fail to keep two (2) appointments we will no longer be able to reserve appointment time in advance for you.