Ellen Donohue, D.D.S. and Nathan Lukes, D.D.S.
10998 O'Malley Centre, Suite A,
Anchorage, AK 99515
(907) 561-5154

INSURANCE AUTHORIZATION AND/OR FINANCIAL POLICY

I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services.I agree to be responsible for payment of all services rendered on behalf of my dependents or myself. Any portion of my bill not covered by my insurance will be my responsibility. I understand I must pay my estimated patient portion at the time of my visit.
I understand that because appointments are not double-booked, I must provide a notice of cancellation at least 24 hours prior to my scheduled appointment time. I understand that if I cancel within 24 hours prior to my appointment, I will be charged a fee of $75.

_____
Signature of responsible party

_____
Date

Note: If you are a new patient or are an established patient with new insurance and you do not get us your insurance information 24 hours prior to your appointment time, we may not be able to provide you with an accurate estimate of benefits.