



Christina R. Schmeler, D.D.S.

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Letter of Consent

Patient understands that he or she is responsible for all balances incurred in this office.

Patient also understands that verification of insurance coverage and verification of eligibility as it pertains to services performed in this office in no way imposes responsibility on this office for actual services paid for partially or services denied by the patient's insurance company.

Patient further understands that he or she is responsible for comprehending all aspects of his or her insurance coverage and that this office is not responsible for explaining said coverage.

Patient authorizes this office to submit insurance claims directly to his or her insurance company and to receive payment directly from the insurance company.

Patient also authorizes this office to submit any records / x-rays to his or her insurance company when said insurance company requests them to determine coverage for payment to Christina Rabij Schmeler, D.D.S.

Signature of Patient or Legal Guardian

Today's Date