



*LLM Dental Associates, P.C.*

*Gabriela N. Lee, D.D.S. Eugene P. LaSota, D.D.S.*

June 1, 2010

Dear Patient:

LLM Dental Associates, PC is pleased to announce that as of June 1, 2010 we can file your claim electronically and accept assignment of benefits as an "Out of Network Provider".

To facilitate this process, please complete and return the bottom half of this letter along with a copy, both front and back of your dental insurance card.

A credit card must be kept on file. Any charges not covered by the insurance carrier will automatically be billed to the credit card.

We hope this change in our financial policy will prove to be of service to you.

Sincerely,  
Drs. Lee and LaSota

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I, \_\_\_\_\_ hereby authorize LLM Dental Associates, PC to submit an insurance claim on my behalf, accept assignment of benefits and charge the balance of my dental fees not covered by my dental insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Please update address, phone and/or email if necessary:

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