

**THE HUNTINGTON GROUP, P.C.**

GREGORY M. NIELSEN, D.D.S., M.S.  
DAVID M. ROMBACH, D.D.S., M.D.  
JAMES A. MULLER II, D.D.S., M.D.  
JAMES A. SINGER, D.D.S.

An explanation of fees is helpful to all concerned before surgery and this we will be happy to provide. Our associates will request that you provide both your medical and dental insurance information, as many times the coverage will overlap and assist you in covering the cost of the surgery. We will provide you with an estimate of your liability. ***Please remember it is only an estimate.*** Because every insurance carrier is different, it is recommended that you check with your carrier to determine your level coverage. **Payment for any co-payments, deductibles, out-of-pocket expense or non-covered procedures will be collected on the date of service.** As a courtesy, we will submit an insurance claim on your behalf. Whatever benefits your insurance company decides to pay may not be exactly the same as our fee schedule. If you wish a predetermination of benefits from your insurance carrier, we will be happy to submit one on your behalf.

Many insurances require a referral and/or an authorization from your primary care physician. You are responsible for contacting your primary care office and obtaining the paperwork needed for each visit. Failure to obtain this authorization may require postponement of your visit and/or non-payment of your procedure.

I hereby authorize The Huntington Group P.C. to furnish information to my insurance company concerning my care. I further hereby assign all payments for medical/dental services rendered to my dependants or me by Dr.'s Nielsen, Rombach, Muller and Singer and any other oral and maxillofacial surgeon working with them. **I understand that I am fully responsible for any portion of these services that are not covered by my insurance benefits.**

\_\_\_\_\_  
Date

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Signature of Patient/Parent