



**William R. Cregar, D.D.S.**  
438 Ganttown Road - Suite B2 - Sewell, NJ 08080  
Phone 856-589-4300 - Fax 855-218-0051

## **FINANCIAL RESPONSIBILITY**

### **AUTHORIZATION OF PAYMENT:**

I hereby assign all benefits directly to the offices of William R. Cregar, D.D.S., and also authorize the release of any medical records necessary to facilitate treatment to process medical claims and as otherwise permitted or required in the Notice of Privacy Practices. I understand fully that in the event my insurance company or financial responsible party does not pay for the services I receive, I will be financially responsible for payment. I understand that if my account is sent to collections or to an attorney, additional charges or fees may be billed at the discretion of the medical provider and added to the account on top of the billed charges for services rendered.

Patient Initial: \_\_\_\_\_

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