

**Nathan Lukes, D.D.S. and Associates**

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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.

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Signature of responsible party

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Date