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In the case that your insurance company unfairly denies treatment/payment, you agree that Newcastle Dentistry may submit your claim information, including chart notes, x-rays, insurance information, and any other relevant information to the Insurance Commissioner's Office to file a complaint.

****Release of Medical Information***

I authorize any insurance company, health care service contractor, health maintenance organization that has any record, or knowledge about, the insurance name of this form, to provide that information to the Washington State Office of Insurance Commissioner. The information shared may be copies of any records or any other information. This includes any medical records and claim files. A photographic copy of this authorization is as valid as the original.

Patient's Full Name (Printed): _____

Insured or representative signature: _____

Relationship to Patient: _____

Date: _____