Abriani Smiles

Danute E. Abriani, DDS
37241 Euclid Avenue
Willoughby, Ohio 44094
Phone: (440) 951-6550

STATEMENT OF FINANCIAL RESPONSIBILITY

Re: _____ _____
Patient's Name Date of Birth

I, _____, hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company (if offered at this office).

_____ _____
Guarantor Signature Printed Name

_____
Street Address – Apt #

_____
City, State Zip Code

_____
Social Security Number Driver's License Number

_____
Telephone