

**DONALD G. NIELD, D.M.D.**  
**GENERAL & COSMETIC DENTISTRY**

5818 Babcock At Huebner \* Babcock Square  
San Antonio, TX 78240 \* (210) 696-2389

**AUTHORIZATION/RESPONSIBILITY AGREEMENT**

*\* Patients who have dental insurance coverage please sign this section:*

I hereby authorize my insurance company to pay the proceeds of any benefits due directly to Dr. Donald G. Nield. I hereby agree to pay copayment portions/ deductibles at the time services are provided. I also acknowledge that any remaining balances, after payment of my copayment insurance benefits, due and payable to Dr. Donald G. Nield, are my responsibility.

Sign: \_\_\_\_\_

\_\_\_\_\_  
Date:

**AUTHORIZATION / RESPONSIBILITY AGREEMENT**

*\* This portion to be filled out by patients who do not currently have dental insurance coverage:*

**I hereby agree** to pay my account when services are provided. If for any reason there is a balance owing on my account, I agree to promptly pay that balance upon receipt of the monthly statement. I understand that failure to pay my balance in a timely manner will result in late fees of 15.00 dollars a month, until my account is paid in full.

Sign: \_\_\_\_\_

\_\_\_\_\_  
Date:

**BY SIGNING THIS DOCUMENT I ALSO ACKNOWLEDGE THAT  
ALL X-RAYS, MODELS, & MATERIALS ARE THE PROPERTY OF THE  
OFFICE OF  
DR. DONALD G. NIELD.**