

## Scion – Maryland Healthy Smiles

I, \_\_\_\_\_, give Laurel Bush Family Dentistry permission to appeal on my behalf the following action:

Type of Service: \_\_\_\_\_

Provider of Service: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's ID: \_\_\_\_\_

Member's Address: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_