

DENTAL INSURANCE ASSIGNMENT AND RELEASE

I assign dental benefits directly to Clark Endodontics LLC. ***I understand that my out-of-pocket cost is an ESTIMATE based on the INFORMATION provided by my insurance carrier. THIS IS NOT A GUARANTEE OF PAYMENT BY MY INSURANCE CARRIER.*** My insurance carrier will process my claim based on the provisions of my policy and the current information from my employer/Medicare/individual plan.

FILING INSURANCE CLAIMS IS A SERVICE PROVIDED WITHOUT CHARGE AND IN NO WAY RELIEVES ME OF MY RESPONSIBILITY FOR MY BILL. I AM AWARE THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY MY INSURANCE CARRIER.

DENTAL INSURANCE NAME _____

POLICY HOLDER (SELF/SPOUSE) _____

Signature of Patient/Responsible Party _____

Date _____