

Assignment of Benefits

In order to ease your financial obligation at the day of service, the Assignment of Benefits allows your insurance company to pay Hope Dental Professionals instead of sending the check to your home. This allows you to only pay your estimated co-pay on the date of services. Any balance remaining after insurance is paid will still be your obligation.

I hereby assign all dental benefits, to which I am entitled to Hope Dental Professionals. I hereby authorize and direct my insurance carrier(s) to issue payment check(s) directly to Hope Dental Professionals (Tax ID-200035154) for dental services rendered to myself and/or my dependents regardless of my insurance benefits if any. I understand that I am responsible for any amount not covered by insurance

I have read the above information, understand and agree to the conditions of the content. I hereby authorize payment directly to the office of Hope Dental Professionals the dental benefit otherwise payable to me.

Patient/Signature_____Date_____