

Dental Insurance Benefits Transfer Agreement

This Dental Insurance Benefits Transfer Agreement ("Agreement") is made and entered into as of _____, by and between the following parties:

Patient Name: _____

Policyholder Name: _____

Dental Practice/Provider: _____

Insurance Company: _____

1. Purpose

The purpose of this Agreement is to authorize the Dental Practice/Provider to receive and utilize the dental insurance benefits available under the policyholder's insurance plan for the purpose of paying for dental services delivered to the patient named above.

2. Authorization

The undersigned policyholder and patient hereby authorize the transfer and assignment of insurance benefits from the insurance company to the Dental Practice/Provider for services rendered.

3. Terms & Conditions

- The benefits assigned are limited to the extent of dental treatment provided.
- The Dental Practice/Provider agrees to apply received insurance payments to the patient's account accordingly.
- The policyholder remains responsible for any unpaid balance not covered by insurance.

4. Acknowledgment

By signing below, the parties acknowledge that they have read, understood, and agree to the terms set forth in this Dental Insurance Benefits Transfer Agreement.

Patient / Policyholder Signature

Provider Representative Signature

Date: _____

Date: _____