

# Insurance Claim Benefits Assignment Letter

## For Dental Services

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

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize and assign my dental insurance benefits directly to

\_\_\_\_\_ (Dental Provider/Clinic) for dental services rendered to me or my dependents.

I authorize the release of any information relating to my dental claims. I agree to be financially responsible for any charges not covered by my dental insurance plan.

This authorization remains in effect until I notify the provider and insurance company in writing of its revocation.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

Thank you.