

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.