

Notice of Assignment of Benefits to Dr. Gregg Bonamici

An assignment of benefits is an arrangement by which a patient requests that his or her dental insurance benefit payments be made directly to a designated person or facility.

Insurance Authorization and Assignment of Benefits

I, _____, hereby absolutely authorize Gregg S. Bonamici, DDS to apply for benefits on my behalf for services rendered to me or my dependent(s) and request that payment be made by my insurance company(ies) and that payments be sent directly to Gregg S. Bonamici, DDS.

I certify that (or my dependent(s) have active and valid insurance coverage and have supplied the office of Gregg Bonamici, DDS with the up-to-date and correct insurance identification card(s) as well as supplied Gregg Bonamici, DDS practice all necessary information regarding the guarantor of the insurance policy(ies) and the necessary information regarding the subscriber(s) eligible for insurance benefits which is required to submit dental claims for reimbursement. I understand that I am financially responsible for all charges whether or not paid by insurance.

I understand that Gregg S. Bonamici, DDS dental practice will report to commercial credit bureaus only when an account becomes delinquent; accounts having no payments within 30 days of the initial debt notice are considered delinquent for payment purposes.

I certify that the information I have reported with regard to my insurance coverage is correct and I hereby authorize Gregg Bonamici, DDS dental practice, the release of any information relating to any claim for benefits, in order to process any claim for benefits and to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. Furthermore, I permit a copy of this authorization to be used in place of the original. I may revoke this authorization at any time in writing.

X

Signed (Patient or Other Person Authorized to Act for Patient)

Date

Print Name

Relationship to Patient