

Assignment of Benefits

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage which fits the company budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductible and required co-payments.

Policy Holder Name _____

Patient Name _____

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to:

The Dentists at Hillsborough
13808 W. Maple Rd Suite 112
Omaha NE 68164

OR

If my current policy prohibits direct payment to doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

13808 W. Maple Rd Suite 112
Omaha NE 68164

For the professional expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in the current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in the case.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Date: _____

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder


THE DENTISTS