



234 N. D Street
San Bernardino, CA 92401
909-386-7878
www.mydentistcalifornia.com

ASSIGNMENT OF BENEFITS

Patient: _____ Date: _____

Employer: _____

Insurance Company: _____

Social Security #/ID #: _____

I hereby instruct and direct _____ insurance company to pay by check made payable to and mailed to:

Dr. Sanjay V. Patel, D.D.S.
234 N. D Street
San Bernardino, CA 92401

Or if my current policy prohibits direct payment to Dr. Patel, then I hereby also instruct and direct you to make out the check to me and mail it as follows:

234 N. D Street
San Bernardino, CA 92401

For the professional or dental benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the dental treatment 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 a current manner, any balance of said dental services charged 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 this case.

I authorize Dr. Sanjay V. Patel to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Signature of Insurance Policy Holder: _____