



## Assignment of Benefits Agreement

This document will serve as official notice that I am requesting an assignment of insurance benefits to:

[Aspire Dental](#)

[3951 W. Parmer Ln. Suite 200](#)

[Austin TX 78727](#)

Benefits are to include all monies due to me for services rendered at the above facility by any staff, including dentists (Drs. Brandon Hall, Kathleen McNeil, David Burden, and Chad Orlich, DDS), hygienists, and auxiliaries.

This Assignment of Benefits shall be deemed ongoing until my dental insurance company/carrier receives written notice from me that I have revoked this agreement.

_____ Employer	_____ Insurance Company/Carrier
_____ Group/Policy number	
_____ Printed name of <b>Policyholder</b>	_____ Signature
_____ Printed name of patient	_____ Signature
_____ Date	

