



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 ***Policyholder***

Signature

Printed name of patient

Signature

Date

