

Just Kidz Dentistry

1320 W. Northmoor Rd. Ste. A
Peoria, IL 61614
309-690-3368

124 Eastgate Dr. #3
Washington, IL 61571
309-694-3368

Date _____

Patient(s): _____

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

Just Kidz Dentistry

1320 W. Northmoor Rd. Ste. A
Peoria, IL 61614

124 Eastgate Dr. #3
Washington, IL 61571

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:

Just Kidz Dentistry

1320 W. Northmoor Rd. Ste. A
Peoria, IL 61614

124 Eastgate Dr. #3
Washington, IL 61571

For the professional or dental 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 a 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 this case.

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

Dated at Just Kidz Dentistry this _____ day of _____, 20_____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder: _____