

Assignment of Benefits

Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our practice manager. Necessary forms will be completed to file for insurance carrier payments.

Assignment of Benefits

I hereby assign all dental and surgical benefits, to include major dental benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, Denti-cal, private insurance and any other dental/health plans, to issue payment check(s) directly to Dr. Kambiz Mahdavi for services rendered for myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Authorization of Release of Information

I hereby authorize Dr. Kambiz Mahdavi and his appointment staff to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination and/or treatment. This order will remain in effect until revoked by me in writing.

I have requested dental services from Dr. Mahdavi on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment. A photocopy of this assignment is to be considered as valid as the original.

Patient Signature below