



Assignment of Benefits Agreement

I hereby authorize Thrive Dental & Orthodontics to submit claims on my behalf to my dental insurance company and request that any payments of **dental benefits** be made **directly to Thrive Dental & Orthodontics for services rendered**.

I understand the following:

1. **Authorization of Direct Payment** I authorize and assign all dental benefits payable for services rendered by Thrive Dental & Orthodontics to be made directly to the practice. This includes, but is not limited to, benefits under my insurance plan, whether I am the insured party or a covered dependent.

2. **Out-of-Network Insurance** I understand that Thrive Dental & Orthodontics may be out-of-network with my insurance provider. While this Assignment of Benefits is submitted with my claim, some insurance plans may not honor this request and may send payment directly to me instead. If that occurs, I agree to forward the full insurance payment to Thrive Dental & Orthodontics immediately upon receipt.

3. **Financial Responsibility** I acknowledge that I am financially responsible for any charges not covered by my insurance plan, including deductibles, co-insurance, co-pays, and any services deemed non-covered or denied by my plan.

4. **Insurance Coverage Limitations** I understand that having insurance is not a guarantee of payment and that benefits are subject to the terms and conditions of my policy. Thrive Dental & Orthodontics will assist in filing claims but is not responsible for how insurance processes or pays those claims.

5. **Release of Information** I authorize the release of any dental and medical information necessary to process claims and communicate with my insurance company.

Acknowledgment

By signing below, I acknowledge and agree to the terms of this Assignment of Benefits form. I certify that the information provided is accurate and that I have read and understand my rights and responsibilities as stated above.

Signature of Patient or Legal Guardian: _____

Date: _____

Relationship to Patient (if applicable): _____