

Dental Specialties of Saint Louis University Orthodontic Clinic

ASSIGNMENT OF BENEFITS AGREEMENT

covered by your insurance receive at Dental Specialties of Saint Louis University. not
If your insurance billing provider is responsible for payment coverage.

not enter into a dispute with your insurance company over a claim;

we will provide necessary documentation your insurance company requests
of any confusion of questions that may arise. We will cooperate fully with the

understand the at Dental Specialties of Saint Louis University insurance company to

Patient/Responsible Party Signature:

Date: