



Michael Cook, DMD

Atenas De Taboada, DMD

Elizabeth Bacha, DDS

Assignment of Benefits

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with my claims.

Patient Guardian Signature: _____ **Date:** _____

I hereby authorize direct payment of the dental benefits otherwise payable to me, directly to the above names dentist or dental entity.

Subscriber Signature _____ **Date:** _____