

# BARATARIA DENTAL

2272 BARATARIA BLVD.

MARRERO LA 70072

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baratariadental@aol.com

baratariadental.com



## ASSIGNMENT OF BENEFITS WITH INSURANCE

I assign my insurance benefits for payment on account to Barataria Dental. I understand that this form is valid for one year unless I cancel the authorization through written notice to Barataria Dental.

I authorize Barataria Dental to keep my signature on file and to charge my Visa, Master Card, Discover or American Express to collect any balance that is left on my account after the Insurance has paid.

Once my Insurance Company has paid on the claims, I will receive one statement from Barataria Dental. If full payment is not received after the statement, Barataria Dental has the right to charge the balance of my account to the given credit card.

Patient Name:      
Last First MI Preferred Name

Address:    
    
City State Zip Code

The following can be used for collection of payment:

Visa  Master Card  Discover  American Express

Credit Card Number #

Expiration Date:

Security Code

Response Date: