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Moorhead, MN 56560
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605 Highway 34 East
Detroit Lakes, MN 56501
(218) 847-3372 • Fax: (218) 847-5995

Assignment of Benefits

I, _____ hereby authorize and direct payment of the
[Subscriber's Full Name]

dental benefits under _____ which are
[Name of Dental Insurance Company]

otherwise payable to me, directly to Ames & Peterson Orthodontics, PLLC.

I understand that the fee for service may not be covered by or may exceed the dental benefits provided under my policy. I understand that I am responsible to the provider of service for the balance of the cost of treatment that is not paid by my insurance company.

Name of Subscriber: _____
[Please Print]

Authorized Signature: _____

Date: _____