

Roderick A. Garcia, D.M.D.
7007 Wyoming Blvd NE, Suite D-2
Albuquerque, NM 87109

ASSIGNMENT OF BENEFITS

I, _____, hereby assign all benefits I have available under my dental insurance to Roderick A. Garcia, DMD, and authorize Dr. Garcia to bill my insurer and receive payments directly from my insurer to Dr. Garcia for all dental services provided by his office. I understand that I remain responsible for payment in full for all services provided by Dr. Garcia's office and received by me in the event my insurer does not pay for those services, or any part of them. I also agree that I will pay Dr. Garcia any amounts received by me from my insurer for dental work done by his office.

Patient Signature

Date