



DEVIN JENKINS, D.M.D., P.C.
www.tanasbournedentalcare.com

ASSIGNMENT AND RELEASE

I, _____ the undersigned
certify that I (or my dependent) have insurance coverage with
_____ and assign directly to Dr. Devin J. Jenkins all
insurance benefits, if any, otherwise payable to me for serviced
rendered. I understand that I am financially responsible for all
charges whether or not paid by insurance.
I hereby authorize the doctor to release all information necessary to
secure the payment of benefits. I authorize the use of this signature
on all insurance submissions.

Responsible Party Signature

Relationship

____/____/_____
Date