

Assignment of Benefit Patient Signature Form

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

Subscriber Signature

Date

Billing Dentist or Dental Entity

Name: _____

Address, City, State, Zip: _____

NPI: _____

License Number: _____

SSN or TIN: _____

Phone Number: _____

Additional Provider ID: _____

Patient and Coverage Information

Insurance Carrier: _____

Name of person signing (print): _____

Relationship to Insured: _____

Address, City, State, Zip: _____

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§ 38.2-3407.13. Refusal to accept assignments prohibited; dentists and oral surgeons.

A. No insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense-incurred basis, no corporation providing individual or group accident and sickness subscription contracts, and no dental services plan offering or administering prepaid dental services shall refuse to accept or make reimbursement pursuant to an assignment of benefits made to a dentist or oral surgeon by an insured, subscriber or plan enrollee.

B. For the purpose of this section, "assignment of benefits" means the transfer of dental care coverage reimbursement benefits or other rights under an insurance policy, subscription contract or dental services plan by an insured, subscriber or plan enrollee to a dentist or oral surgeon. The assignment of benefits shall not be effective until the insured, subscriber or enrollee notifies the insurer, corporation or plan in writing of the assignment.

(1999, cc. 643, 649.)

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