

Flat Creek Family Dentistry  
500 Stevens Entry  
Peachtree City, Georgia 30269  
(770) 487-5327

## ***Assignment of Benefits***

I hereby instruct and direct my Insurance Company to assign benefits and make all checks payable and mail to:

Flat Creek Family Dentistry  
500 Stevens Entry  
Peachtree City, Georgia 30269

*Or*

If my current policy prohibits direct payment to doctor, I hereby also instruct and direct you to make the check payable to me and mail it as follows: Flat Creek Family Dentistry, 500 Stevens Entry, Peachtree City, GA 30269 for the professional services rendered.

**THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and about this insurance payment.

A photocopy of the Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

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Signature of Policyholder

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Date