

Dr. Jeff Nerio, D.D.S., M.S., P.S.
315 39th Ave SW #1
Puyallup, WA 98373
(253)845-5456

Patient: _____

Subscriber: _____

Employer: _____

SS#/ID#: _____

I hereby direct _____ Insurance Company to pay by check made out and mailed to Jeff Nerio, D.D.S., M.S., P.S. 315 39th Avenue SW Suite #1 Puyallup, WA 98373 for the professional or dental expense benefit allowable, and otherwise payable to me under my current insurance policy, as payment toward the total charges 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 above this insurance payment.

A photocopy of this 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 doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Date: _____

Signature of Policy Holder

Signature of Patient, if different than Policyholder

Witness