

Marc A. Cirelli, DMD
465 W. Peckham Lane
Reno, Nevada 89509
775-827-6666

Assignment of Benefits

Patient Name: _____
Employer: _____
Group #: _____
Social Security # or ID #: _____

I hereby instruct and direct _____ Insurance Company to pay by check made and out and mailed to:

**Marc A. Cirelli, DMD
465 West Peckham Lane
Reno, Nevada 89509**

Or

If my current policy prohibits direct payment to the doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

C/O 465 West Peckham Lane
Reno, Nevada 89509

For the professional expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward 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 the Assignment shall be considered as effective 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.

Signature of Policyholder

Date

Signature of Claimant, if other than Policyholder

Date

Witness

Date

MARC A. CIRELLI, DMD