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Practice Limited to Orthodontics

Assignment of Benefits

I hereby assign all dental benefits which I am entitled to St. Louis Orthodontic Group. I hereby authorize and direct my insurance carrier(s), including private and any other dental plan to issue payment check(s) directly to St. Louis Orthodontic Group for orthodontic services rendered to myself/and or my dependants. I understand that I am responsible for any amount not covered by my insurance.

Policy Holder