

GREGORY P. SKINNER, DDS, PC  
3548 Orange Ave., N.E., Roanoke, VA 24012

**Dental Insurance Assignment and Release**

**PATIENT'S NAME:** \_\_\_\_\_

**SUBSCRIBER'S NAME:** \_\_\_\_\_

**SUBSCRIBER'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_

I certify that I, and/or my dependent listed above, have dental insurance coverage with the following insurance company: \_\_\_\_\_ . I assign directly to Gregory P. Skinner, DDS, PC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize Gregory P. Skinner, DDS, PC to release all information necessary to secure the payment of benefits. I authorize the use of this signature for all insurance submissions.

**SIGNATURE OF PATIENT OR LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_