



Northeast Oral & Maxillofacial Surgery

50 East Main St.

Little Falls, NJ 07424

973-256-0103

Assignment of Benefits

I authorize payment of medical/dental insurance benefits to Northeast Regional Center for Oral and Maxillofacial Surgery, LLP for services rendered to me. I further authorize release of any medical or other information necessary to process claims on my behalf.

Patient

Signature _____

Date ____/____/____