

**J. Keller Vernon, D.D.S., Ltd.**  
**Dental Insurance**  
**Assignment of Benefits**

Patient: \_\_\_\_\_ Employer \_\_\_\_\_  
Address: \_\_\_\_\_ Ins. Company \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Policy ID #: \_\_\_\_\_

I hereby instruct and direct \_\_\_\_\_ Insurance Company to pay by check made out and mailed to: J. Keller Vernon D.D.S., Ltd., 241 Charles H. Dimmock Parkway, Suite 2, Colonial Heights, Virginia, 23834 or if my current policy prohibits direct payment to J. Keller Vernon, D.D.S., Ltd., I hereby instruct and direct you to make out the check to me and mail it to: \_\_\_\_\_ c/o J. Keller Vernon, D.D.S., Ltd., 241 Charles H. Dimmock Parkway, Suite 2, Colonial Heights, Virginia, 23834 for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the services rendered by J. Keller Vernon, D.D.S., Ltd. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment shall not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said services 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 J. Keller Vernon, D.D.S., Ltd. to initiate a complaint to the Insurance  
Commissioner of the States involved for any reason on my behalf.

Dated at 241 Charles H. Dimmock Parkway, Suite 2, Colonial Heights, 23834 this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Policyholder

\_\_\_\_\_  
Witness

We are committed to providing the highest level of service and as such we have recently implemented a new technology solution that will allow us to send you important, timely messages without interrupting your busy schedule.

This exciting new service gives us the ability to send text messages to the device of your choice (your cell phone, email, pager, personal digital assistant (pda) or any other digital device). Since we send text you don't have to answer a call. Simply read it and respond at your convenience. We think this is the best solution for reminding you of your appointments and keeping in touch.

Sending reminders to your mobile devices allows us to remind you even when you're not at home. We know that no one wants to miss appointments, but sometimes activities of the day get overwhelming for all of us and we forget. With this in mind we are excited to be able to remind you the same day of your appointment. Think of this as a "tap on the shoulder" simply telling you that we are excited to see you for your appointment.

Please fill out the following fields to receive text messages from our office:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Pager or personal Digital Assistant (pda)

Thanks for being such a great patient!