DENISE F. MCGRADE, D.D.S. 5805 COIT ROAD, SUITE 101 PLANO, TX 75093

TELEPHONE: (972) 612-2610

ASSIGNMENT AND RELEASE

(Responsible Party signature)	(Relationship)	(Date)
submissions.		
to release all information necessary signature on all insurance	to secure the payment of benefits.	I authorize the use of this
I understand that I am financially rehereby authorize the Dr.	esponsible for all charges whether	or not paid by insurance. I
and assign directly to Dr. Denise F. for services rendered.	McGrade all insurance benefits, i	if any, otherwise payable to m
with (Ins. co.	my dependent) have insurance co name)	overage