Roy V. Forbes D.M.D.,MA.G.D.
216 Engle St. Suite 103
Englewood N.J.07631
201 568-4916

Agreement to Sign Over Dental Benefit Payment

In consideration of dental treatment to be rendered to me or my dependents, I agree to sign over every dental benefit payment issued to me for dental services performed by this office within ten business days after receipt from a Dental Service Corporation, Health Service Corporation or Dental Plan Organization, provided, however, if the amount owed to this office is less than the amount of the dental benefit payment, then only the balance owed shall be paid.

Dated: _____

Signature_____