

## Dental Services Debt Assignment

<b>Creditor Name:</b>			Client No.
Address:			<b>Date:</b>
City:	Prov:	Postal Code:	<b>Submitted by:</b>
<i>The above noted party, for good and valuable consideration, receipt of which is hereby acknowledged, assigns absolutely &amp; without recourse pursuant to our Agreement all its rights title and interest in the following debts to Credex Financial Services Inc.</i>			<b>Signature:</b>

**Send To:**



**Telephone:** 800.263.6334  
**Facsimile:** 877.575.0702  
**Email:** [clientservices@credex.ca](mailto:clientservices@credex.ca)

Patient Name		SIN	DOB: mm / dd / year
Patient Name		SIN	DOB: mm / dd / year
* If patient is a <b>MINOR</b> , please indicate <b>both</b> parent names.			
* <b>Emergency/Family Contact</b> (Full name – relationship to patient & tel. no)			
Address		Please indicate if mail has been returned : <b>Yes</b> or <b>No</b>	
City		Prov	Postal Code
Home Tel	Cell Tel		Work Tel
Email Address:		Employer Info:	
<b>Amount Owing \$</b>	<b>Date of Service</b>	Calculate interest @	From: mm / dd / year
Debt description:			
<b>* Please attach Invoice or Statement copy and Patient Profile for debt description.</b>			

Patient Name		SIN	DOB: mm / dd / year
Patient Name		SIN	DOB: mm / dd / year
* If patient is a <b>MINOR</b> , please indicate <b>both</b> parent names.			
* <b>Emergency/Family Contact</b> (Full name – relationship to patient & tel. no)			
Address		Please indicate if mail has been returned : <b>Yes</b> or <b>No</b>	
City		Prov	Postal Code
Home Tel	Cell Tel		Work Tel
Email Address:		Employer Info:	
<b>Amount Owing \$</b>	<b>Date of Service</b>	Calculate interest @	From: mm / dd / year
Debt description:			
<b>* Please attach Invoice or Statement copy and Patient Profile for debt description.</b>			

*Debt Recovery Is Our Business.*