

***ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR
PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE***

Re:
Patient: _____

Employer: _____

Claim/Group #: _____

SS#/ID#: _____

I hereby instruct and direct the _____ insurance company

To pay by check made out and mailed directly to:

Jon P. Patterson, D.C.
1011 South Closner
Edinburg, Texas 78539
Telephone # 956-383-0191
Or

If my current policy prohibits direct payment to doctor, then I hereby also instruct and direct you to make out the check to me and mail it as follows:

Jon P. Patterson, D.C.
1011 South Closner
Edinburg, Texas 78539
Telephone # 956-383-0191

For professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THE POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges 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.

Dated at _____ this _____ day of _____ 20 _____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder