

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

I hereby instruct and direct the _____ Insurance Company to pay by check made out and mailed directly to:

**Grand Avenue Chiropractic
910 Grand Ave., Suite 109
San Diego, CA 92109
(858) 273-1721**

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:

**Grand Avenue Chiropractic
910 Grand Ave., Suite 109
San Diego, CA 92109**

for professional or medical 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 THIS 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 the _____ day of _____, 20____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder