

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

Patient Name _____
Employer _____
Claim/Group # _____
SS#/ID# _____

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

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:

c/o

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 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 fees for non-covered services and/or fees
over and above the insurance payment or as required by my insurance policy.

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 claim.

Dated at _____ County, this _____ day of _____ 19_____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder