



ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR
ASSIGNMENT OF BENEFITS
PRIVATE & GROUP ACCIDENT / HEALTH INSURANCE

Patient: _____

Policy Number: _____

Group Number: _____

Employer (if applicable): _____

I hereby instruct and direct _____ insurance company to pay by Electronic Funds Transfer (EFT), or by check made out and mailed directly to:

Abella-Desuyo Chiropractic Inc.
30270 Rancho Viejo Rd., Ste E
San Juan Capistrano, CA 92675

OR, if my current policy prohibits direct payment to the doctor, I hereby also instruct you to make the check out to me and mail it to the above-noted address or my home address for my doctor and as following:

For the professional or medical expense benefits allowable and otherwise payable to me and 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 timely and current manner, any balance of said professional service charges over and another this insurance payment.

A photocopy of this Assignment of Rights and Benefits 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.

Patient Name (Printed)

Patient, Parent or Legal Guardian Signature

Date

Witness

Date