

ASSIGNMENT AND INSTRUCTION FOR 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:

Clegg Chiropractic, P.C.
225 Loudoun St., S.E.
Leesburg, VA 20175

If my current policy prohibits payment to the doctor, then I hereby also instruct and direct you to make out the check to Clegg Chiropractic, P.C. and mail it to the above address for the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. 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 according to the financial policy of the above assignee.

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. This authorization and assignment to the doctor listed above shall be irrevocable for the full extent of my treatment by said doctor and until such time that my medical expenses incurred have been paid in full.

Dated on _____, 20__

Signature of policyholder _____

Signature of claimant, if other than policyholder

Witness