

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

I hereby instruct my insurance company and/or attorney to pay by check made out and mailed directly to:

ROSENTHAL CHIROPRACTIC, P.A.
507 South Maryland Avenue
Wilmington, Delaware 1980

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 to as follows:

507 South Maryland Avenue
Wilmington, Delaware 19804

The 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 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 in this case.

Dated at Wilmington, Delaware this _____ day of _____ 20_____.

Printed Name of Policyholder/Client

Signature of Policyholder/Client

Witness

Signature of Claimant, if other than Policyholder