



ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

Private and Group Accident and Health Insurance

I hereby direct and instruct the _____ insurance company to pay by check made payable and mailed directly to:

**Sheldon Road Chiropractic, Inc.
10930 Sheldon Road
Tampa, Florida 33626
(813) 884-1457**

If this policy prohibits direct payment to doctor, then I hereby also direct and instruct you to make checks payable to me and mailed as follows:

**C/O: Sheldon Road Chiropractic, Inc.
10930 Sheldon Road
Tampa, Florida 33626
(813) 884-1457**

The professional or medical expense benefits allowable and otherwise payable to me under my current 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. **I AUTHORIZE SHELDON ROAD CHIROPRACTIC TO FILE, MAINTAIN & SETTLE ANY LAWSUITS AGAINST MY AUTO INS. CO. THAT I MIGHT HAVE THE RIGHT TO DO BUT FOR THIS ASSIGNMENT OF BENEFITS.**

A FACSIMILE OR 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 accident to any insurance company, adjuster, or attorney involved in the case.

Dated this _____ day of _____ 20__.

Signature of Patient

Witness

Signature of Claimant, of other than Policyholder