

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

Re

Patient:

Employer
Claim/Group #

Insured SS#/ID#

I hereby instruct and direct the payment of all professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy to:

Align Chiropractic
1515 Broadway
Quincy, IL 62301

as payment 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 understand that an annual interest rate of 18% is added to any balance beyond 30 days.

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 Dr. Zachary Hubner
1515 Broadway
Quincy, IL 62301

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.

We request 24 hour notice for any rescheduled or canceled appointments. I understand that I will be charged \$48.00 for any missed appointments.

Dated at Align Chiropractic this _____ day of _____, 20____

Insured

Witness