



Assignment and Instructions for Direct Payment to Doctor

Private and Group Accident and Health Insurance

RE:

Patient _____

Employer _____

Claim/Group # _____ SS#/ID# _____

I hereby instruct and direct the _____ Insurance Company to pay by check made out and mailed directly to:

**Bernadette Rosenstiel, DC
22030 Clarendon Street, Suite 101
Woodland Hills, CA 91367**

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 as follows:

c/o **Valley Wholistic Health Center
22030 Clarendon Street, Suite 101
Woodland Hills, CA 91367**

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 a 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 involved in this case.

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

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder