

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

Patient Name: _____

Employer: _____

Claim Group #: _____

SS or ID#: _____

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

Samuel T. Burlison, DC
25144 Grogan's Park Drive
The Woodlands, Texas 77380

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

25144 Grogan's Park Drive
The Woodlands, Texas 77380

For professional or medical expense benefits allowable and otherwise payable to me under
my current insurance policy has 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 fees for non-covered
services and/or fees over and above the insurance payment or as required by my insurance
policy.

A photocopy of this assignment shall be considered as effective and valid as the original.

I also authorized to release of any information pertinent to my case to any insurance
company, adjustor, or attorney involved in this claim.

Dated at Montgomery County, this _____ day of _____ 2017

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder