

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:

Chantelle Kempinski, D.C.
1336 League Line Rd., Suite 200
Conroe, Texas 77304

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

1336 League Line Rd., Suite 200
Conroe, Texas 77304

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 _____ 2016

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder