

**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:

Tony DeRamus, DC  
Sandstone Chiropractic, PA  
125 Blue Heron Dr., Suite B  
Montgomery, Texas 77316

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

125 Blue Heron Dr., Suite B  
Montgomery, Texas 77316

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*