

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

Patient Name _____
Employer _____
Claim/Group # _____
SS#/ID# _____

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

Fontanarosa Chiropractic Wellness Center
274 Lafayette Avenue
Hawthorne, NJ 07506

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 274 Lafayette Avenue
Hawthorne, NJ 07506

For professional or medical expense benefits allowable, and otherwise payable to me
under my current insurance policy as 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 authorize the release of any information pertinent to my case to any insurance
company, adjuster, or attorney involved in this claim.

Date at _____ County, this _____ day of _____ 20_____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder