

Be Truly Well Chiropractic & Day Spa
Assignment and Instruction for Direct Payment to Doctor
Private and Group Accident and Health Insurance

Patient's Name: _____
Employer: _____
Claim/Group: _____
SS# or ID#: _____

I hereby instruct and direct _____ Insurance Company to
pay by check made out and mailed to: Be Truly Well Chiropractic & Day Spa
OR

If my current policy prohibits direct payment to the doctor, then I hereby also instruct and
direct you to make out the check to me and mail it as follows:

The professional or medical expense benefits allowable and otherwise payable to me
under my current insurance policy as payment toward the total charges for the
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 original.

I also authorize the release of any information pertinent to my case to any insurance
company, adjuster, or attorney involved in this case.

I understand and agree that health/accident insurance policies are an arrangement
between an insurance carrier and myself. I understand and agree that all services rendered
to me and charged are my personal responsibility for timely payment. I understand that if
I suspend or terminate my care/treatment, any fees for professional services rendered to
me will be immediately due and payable.

Dated at Be Truly Well this _____ day of _____ of 20____

Signature of Policyholder

Witness

Signature of Claimant if other than policyholder