



ASSIGNMENT AND INSTRUCTION FOR PAYMENT TO DOCTOR/FACILITY

PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE

Print 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:

Name of Insurance Company

**Village Chiropractic
7901 Research Forest Dr. #900
The Woodlands, Texas 77382**

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:

c/o

**7901 Research Forest Dr. #900
The Woodlands, TX 77382**

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 any insurance company, adjustor, or attorney involved in this claim.

Dated at Montgomery County, on this _____ day of, _____, 2023

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder