

SMITH FAMILY CHIROPRACTIC & ACUPUNCTURE

11673 N SAGUARO BLVD FOUNTAIN HILLS, AZ 85268 (480)-837-2600

Elizabeth R. Smith D.C.

Grant P. Smith D.C.

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

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

Smith Family Chiropractic
11673 N Saguaro Boulevard
Fountain Hills, AZ 85268

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 below:

c/o Smith Family Chiropractic
11673 N Saguaro Boulevard
Fountain Hills, AZ 85268

The professional or medical expense benefit allowable and otherwise payable to me under my current
Insurance Policy as payment towards 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 service charges over and above this Insurance payment.

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 case.

Dated in Fountain Hills, Arizona, this _____ day of _____

Signature of Policyholder/Claimant _____