ASSIGNMENT OF BENEFITS AND DIRECT PAYMENT TO DOCTOR
HEALTH INSURANCE & PRIVATE/GROUP ACCIDENT INSURANCE

Patient:_____

Group / Claim Number:_____

Identification / Policy Number:_____

I hereby instruct and direct _____Insurance Company to pay by check made out and mailed to:

ALTOMARE CHIROPRACTIC CENTER, PA
10175 FORTUNE PARKWAY, SUITE 1001
JACKSONVILLE, FL 32256

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 BENEFITS UNDER THE POLICY. This payment will not exceed indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of the professional charges over and above this insurance payment.

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 to the above-mentioned address.

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

Dated this _____day of _____.

_____ _____
Signature of Policyholder **Witness**

_____
Signature of Claimant, if other than Policyholder

The above information will be held in strict confidence.