

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

Patient: _____

SS# or ID#: _____

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

Windmill Chiropractic, P.A.
17160 Royal Palm Blvd.
Suite 1
Weston, FL 33326

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:

17160 Royal Palm Blvd.
Suite 1
Weston, FL 33326

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 ON 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, adjustor or attorney involved in this case.

Dated on this _____ day of _____ 20_____

Signature of Policyholder

Signature of Witness

Signature of Claimant, if other than policyholder