

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

Re: Kerr County Chiropractic  
1416 Sidney Baker St.  
Kerrville, TX 78028

Patient: \_\_\_\_\_

Employer: \_\_\_\_\_

Claim/Group #: \_\_\_\_\_

Insured SS#/ID# \_\_\_\_\_

I hereby instruct and direct the payment of all professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy to:

Kerr County Chiropractic  
1416 Sidney Baker St.  
Kerrville, TX 78028

as payment 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.

Kerr County Chiropractic  
1416 Sidney Baker St.  
Kerrville, TX 78028

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 it as follows:

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date