ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT

PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE

TO: _____ Patient _____
INSURANCE COMPANY

_____ Employer: _____

_____ Claim / Group # _____

Phone _____ Soc. Sec. # / I.D. #_____

I hereby instruct and direct the above Insurance Company to pay by check made out and mailed directly to:

OR

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:

c/o

for professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as 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 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.

_____ Date _____
Signature of Policyholder

_____ _____
Signature of Claimant, if other than Policyholder Witness

ACKNOWLEDGEMENT OF INSURANCE COMPANY

This insurance company hereby acknowledges receipt of the above instruction and agrees to mail payment of medical coverage benefits of the policy directly to the office of and to the order of the doctor only.

Date: _____ Authorized Signature: _____

Please date and sign one copy. Kindly return for the patient's file.

#15-N
MISSION PRINTING (559) 227-7640 • (800) 693-2108

SAMPLE

ASIGNACION Y INSTRUCCION PARA PAGO DIRECTO

SEGURO DE SALUD PRIVADO Y EN GRUPO

PARA: _____
COMPAÑÍA DE SEGURO

_____

_____

Telefóno _____

Paciente _____

Empleador: _____

Reclamo/# de Grupo _____

de Seguro Social/,
de Identificación _____

Por este medio le pido a la Compañia de Seguro que pague por cheque pagable y enviado directamente a:

O

Si mi poliza actual prohibe pago directo al doctor, entonces igualmente les pido a Ústedes me hagan el cheque a mí y lo envien de la siguiente manera:

c/o

por los gastos de beneficios profesionales o médicos permitidos, por otra parte pagables a mi bajo mi actual poliza de seguro como pago hacia el cobro total por los servicios profesionales proveidos. ESTA ES UNA ASIGNACIÓN DIRECTA DE MIS DERECHOS Y BENEFICIOS BAJO ESTA PÓLIZA. Este pago no excederá mi deuda al asignado arriba mencionado, y he acordado pagar, al corriente, cualquier suma de dichos servicios profesionales encima del pago de esta aseguranza.

Una fotocopia de esta Asignación deberá ser considerada tan efectiva y valida como la original.

De igual manera autorizo se otorge cualquier información pertinente a mi caso a cualquier compañia de seguro, ajustador o abogado envueltos en este caso.

_____
Firma del Asegurado

Fecha _____

_____
Firma del Reclamante, si no es el Asegurado

_____
Testigos

ACKNOWLEDGEMENT OF INSURANCE COMPANY

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Date: _____ Authorized Signature: _____

Please date and sign one copy. Kindly return for the patient's file.

SAMPLE