

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

**PATIENT:** \_\_\_\_\_

**CLAIM/ ID NUMBER:** \_\_\_\_\_

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

**WORTHINGTON CHIROPRACTIC CENTER  
6180 LINWORTH RD  
WORTHINGTON OH 43085**

or

If my current policy prohibits direct payment to the doctor, then I hereby instruct and  
direct you to make out the check to me and mail it as follows:

:

**C/O                    WORTHINGTON CHIROPRACTIC CENTER  
6180 LINWORTH RD  
WORTHINGTON OH 43085**

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 total  
indebtedness to the above-mentioned assignee, and I have agreed to pay, in 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.**

**Dated at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of 20** \_\_\_\_\_

\_\_\_\_\_  
**Signature of policyholder**

\_\_\_\_\_  
**Witness**

**Signature of claimant if other than policyholder**