

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

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

Barrett Chiropractic Clinic, P.C.  
2853 Dulles Avenue  
Missouri City, TX 77459

If my current policy prohibits direct payment to Barrett Chiropractic Clinic, P.C., then I  
hereby also instruct and direct you to make out the check to me,  
\_\_\_\_\_, and mail it as follows:

Barrett Chiropractic Clinic, P.C.  
2853 Dulles Avenue  
Missouri City, TX 77459

The professional or chiropractic 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 photo copy 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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Signature of Claimant, if other than Policyholder