



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

I hereby instruct and direct _____
Insurance company to pay by check made out and mailed to: A Chiropractic
Tradition, Drs. Edwin Roberts.

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: 4469 Mobile
Hwy, Suite D, Pensacola, FL 32506

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 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 from my medical record, pertinent to
my case, to my insurance company, adjuster, or attorney involved in this case.

Date: _____

Signature of Patient

Witness

Patients name printed

Signature of Guardian
Patient under 18 years old