

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

RE:

Patient: _____

Employer: _____

Claim/Group #: _____

SS#/ID#: _____

I hereby instruct and direct the _____

Insurance Company to pay by check made out and mailed directly to:

**Grunewald Chiropractic &
Natural Medicine Clinic, Ltd.
1630 S. Galena Ave., Suite A
P.O. Box 754
Freeport, IL 61032**

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 Grunewald Natural Medicine, Ltd.
1630 S. Galena Ave., Suite A
P.O. Box 754
Freeport, IL 61032**

the 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.

Dated at Grunewald Natural Medicine Clinic, Ltd

This _____ day of _____ 20 _____

Signature of Policyholder

Witness

Signature of Claimant, if other than policyholder