

Assignment and Instruction for Direct Payment to Medical Providers

Private – Group Accident – Health Insurance Authorization of Benefits

Patient: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Employer: \_\_\_\_\_ Group#: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby authorize and instruct that \_\_\_\_\_ Insurance Company pay authorized benefits, on my behalf, by check made out and mailed to:

- Or -

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

C/O: **Peaches Ear, Nose and Throat, PA**  
**PO Box 3217**  
**Ponte Vedra Beach, FL 32082**

For professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for 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 amount. A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Signed and dated at the above named practice this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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

\_\_\_\_\_  
Witness

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