



David S. Wagner, D.C.
Clinic Director

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

Patient name: _____

Employer: _____

Claim/Group #: _____

SSN/ID #: _____

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

David S. Wagner, D.C.
31285 Hwy. 79 S., Ste. 260
Temecula, CA 92592

OR

If my current policy prohibits direct payment to the doctor, then I hereby instruct and direct the above Insurance Company to remit payment to me as follows:

Policyholder: _____

Address: _____

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 indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional fees for non-covered services and/or fees over and above the insurance payment or as required by my insurance policy.

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 claim.

Dated at Riverside County, this _____ day of _____ 200____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder