

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

RE:

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

Employer: \_\_\_\_\_

Claim/Group Number (if Medicare NONE): \_\_\_\_\_

SS#/ID# \_\_\_\_\_

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

Spring Grove Physical Medicine & Rehabilitation  
2100 Route 12, Suite 100  
Spring Grove, IL 60081

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:

c/o

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 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 Spring Grove Physical Medicine and Rehabilitation, LTD.

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date