



Conscious Chiropractic & Acupuncture

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR FOR PRIVATE INSURANCE,
GROUP INSURANCE, AUTO INSURANCE AND/OR OTHER HEALTH INSURANCE

Patient Name _____

Employer _____

Claim/Group # _____

I hereby instruct and direct the _____ Insurance Company to make checks payable to
and mailed directly to:

Doctor Name
Conscious Chiropractic & Acupuncture
220 Montgomery Street, Suite 305
San Francisco, CA 94104

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 _____
220 Montgomery Street, Suite 305
San Francisco, CA 94104

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. As payment towards the total charges of the professional services rendered to me
at Conscious Chiropractic & Acupuncture, I assign to CC&A, the professional/medical expense benefits allowable, and oth-
erwise payable to me under my current insurance policy. This payment will not exceed my indebtedness to CC&A,
and I will have to pay, in a timely manner, any balance owed to CC&A for professional service charges over and above
this insurance payment.

I also authorize the release of any information pertinent to my case to any insurance company, claims adjuster, or attor-
ney involved in this case. A photocopy of this assignment shall be considered as effective and valid as the original.

Dated at San Francisco County, this _____ day of _____, 200__.

Signature of Policyholder

Witness