

ASSIGNMENT AND INSTRUCTION FOR  
DIRECT PAYMENT TO DOCTOR / PROVIDER

Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_  
Claim or Group# \_\_\_\_\_  
SS# or ID# \_\_\_\_\_

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

Tena Scarber, L. Ac.  
5608 Southern Hills Drive  
Frisco, Texas 75034

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

C/O Tena Scarber, L. Ac.  
5608 Southern Hills Dr.  
Frisco, Texas 75034

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, adjustor, or attorney for the purpose of securing payment under this policy of insurance.

Dated at \_\_\_\_\_ county, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of Policy Holder

\_\_\_\_\_  
Signature of Claimant, if other than Policy holder