**ASSIGNMENT AND INTRODUCTION FOR DIRECT PAYMENT TO DOCTOR.**

**PRIVATE, GROUP, ACCIDENT AND HEALTH INSURANCE.**

Print Form

Patient Name

Employer

Claim / Group #

ID #

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

Valley Chiropractic and/ or Dr. Helle Leap, D.C.

21740 Devonshire Street

Chatsworth, CA 91311

OR

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

Valley Chiropractic and/ or Dr. Helle Leap, D.C.

21740 Devonshire Street

Chatsworth, CA 91311

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 IS A DIRECT ASSIGNMENT OF MY RIGHTS & BENEFITS UNDER THIS POLICY. This payment will not exceed my debt to the above mentioned assignee, and I have agreed to pay, in 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 pertaining to my case to any insurance company, adjuster, or attorney involved in this case.

Finally, every health insurance offers an array of benefit programs. In some cases, preventive care is not covered but "sick" or "acute" care is. I understand that Valley Chiropractic or its Doctors do not have access to the details of my insurance benefit package: and, the patients and physician are at legal risk if we change our diagnosis after submitting and claim. I further understand I will have to pay any deductibles and/or co-pay directly to Valley Chiropractic.

I have read the above information and understand that I am responsible for familiarizing myself with all aspects of my benefits. I also understand that I am responsible for charges not covered by my insurance plan.

Signature

Date

Signature of claimant, if other than policyholder

Date