

DIRECT PAYMENT TO DOCTOR

I hereby authorize the _____ Insurance company
to pay by check made out and mailed directly to:

for medical expense benefits allowable, and otherwise payable to me under my current insurance policy, as payment toward charges for Professional Services Rendered. 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 authorization shall be considered as effective and valid as the original.

Date _____ Name _____

Signature (Patient)

Street address _____

City & State _____