

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

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

**Richard C. Gerardo, D.C.
1124 N. Hollywood Way
Suite A
Burbank, CA 91505
(818) 567-0866**

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

**c/o Richard C. Gerardo, D.C.
1124 N. Hollywood Way
Suite A
Burbank, CA 91505
(818) 567-0866**

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 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 copy 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.

Policy Holder Name: Date:

Policy Holder Signature:

Signature of Claimant, if other than the Policy Holder

Wholistic Chiropractic Center
Richard C. Gerardo, D.C.
1124 N. Hollywood Way | Suite A | Burbank, CA 91505
(818) 567-0866 Office | (818) 232-0935 Fax