

PROACTIVE CHIROPRACTIC & WELLNESS

900 Harvey Road, Ste 9B College Station TX 77840

979-704-3064

DIRECT PAYMENT AGREEMENT/AUTHORIZATION

Re: Patient: _____ Insured: _____
Claim #: _____
Insurance Company: _____
Agent: _____ Phone #: _____

I direct the _____ insurance company or law office to pay by check, made out and directly mailed to, Proactive Chiropractic and Wellness at the address listed above. If my insurance company prohibits direct payment to the provider, then I instruct and direct you to make the check out to me and mail it to the address listed above for the medical expenses benefits allowable under my health or PIP policy, and otherwise payable to me under my current insurance policy as payment toward the total charges for chiropractic 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 for chiropractic service charges over and above this insurance payment.

A PHOTOCOPY OF THIS ASSIGNMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL

I authorize the release of any information pertinent to my case to you as the insurance company or attorney.

Policy Holder: _____

Patient Signature: _____ Date: _____