

CHIROPRACTIC PARTNERS

7116 Six Forks Rd. Suite A
Raleigh, NC 27615

Assignment and Instruction for Direct Payment to doctor Private and group
accident and health insurance

I hereby instruct and direct _____
To pay by check made payable and mailed directly to:

Chiropractic Partners
7116 Six Forks Rd. Suite A
Raleigh, NC 27615

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

Chiropractic Partners
7116 Six Forks Rd. Suite A
Raleigh, NC 27615

for professional or medical expense benefits allowable, and otherwise payable
to me under my current insurance policy as payment toward the total charges
for the professional services rendered. This payment will not exceed my
indebtedness to the above mentioned assignee and I have agree to pay, in a
current manner, any balance of said professional financial policy of the above
assignee. This assignment is to be considered by me or any other party until
such time that all the above doctor's fees are paid in full.

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, adjuster, or attorney involved in this case:

Dated on _____

Signature of policyholder _____

Signature of claimant if other than policyholder _____

Witness _____