

BOARDMAN FAMILY CHIROPRACTIC, P.C. &
SPINAL AID CENTER
JOHN E. BOARDMAN, D.C.



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10235 S.51st St., #170; Phoenix, AZ 85044
Phone (480)-704-1954; Fax (480) 704-1663
www.ahwatukeechiropractic.com
www.azspinalaid.com



**Assignment And Instruction For Direct Payment to doctor for Private,
Group, or Accident Health Insurance**

I, _____, hereby instruct and direct _____
Insurance Company to make check payable and mail directly to:

Boardman Family Chiropractic, P.C.
10235 South 51st St., #170
Phoenix, AZ 85044

If my current policy prohibits direct payment to the above, then I hereby instruct and direct you
to make the check payable to me and mail it as follows:

c/o Boardman Family Chiropractic, P.C.
10235 South 51st St., #170
Phoenix, AZ 85044

the 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 agree to pay, in a 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.

Signature of policyholder

Date

Signature of Claimant, if other than Policyholder

Date