

**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.
4232 E. Chandler Blvd. , Suite 20
Phoenix, AZ 85048**

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.
4232 E. Chandler Blvd., Suite 20
Phoenix, AZ 85048**

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.

Dated at _____, this _____ day of _____ 2005.

Signature of policyholder

Signature of Claimant, if other than Policyholder