



The Spinal Decompression and Chiropractic Center

ASSIGNMENT OF BENEFITS & DIRECT PAYMENT TO DOCTOR

Re: _____

Patient: _____

Employer: _____

Claim/Group #: _____

Subscriber/Insured SSN#/ID#: _____ Date of Birth: _____

I hereby instruct and direct the payment of all professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy to:

David V. Baugher, DC, PLLC
(EIN: 45-4725093)
2500 Lillian Miller Parkway
Denton, TX 76210

as payment 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.

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

(Print Patient's Name) _____
c/o The Spinal Decompression & Chiropractic Center
2500 Lillian Miller Parkway
Denton TX 76210

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.

Signature of policyholder

Witness

Date

Date

Signature of Claimant, if other than Policyholder