

Spinetastik:

The Future of Chiropractic
11211 Katy Freeway Suite 100
Houston, Texas 77079

**AGREEMENT AND INSTRUCTION FOR DIRECT PAYMENT BY
PRIVATE AND GROUP PR ACCIDENT AND HEALTH INSURANCE**

RE:Patient _____ Insured _____

Employer: _____

Group/Claim# _____

S.S.N. or ID# _____

I hereby instruct and direct the _____

Insurance company or Law Office to pay by check made out and mailed directly to:

Leonard Luna, D.C.
11211 Katy Freeway Suite 100
Houston, Tx 77079

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

Leonard Luna, D.C.
11211 Katy Freeway Suite 100
Houston, Tx 77079

The medical expense benefits allowable under my health or P.I.P. 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 RIGHT 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 also authorize the release of any information pertinent to my case to you as the insurance company or attorney.

Dated at _____, _____ () a.m. () P.m. this the _____ day of _____, 20____

Policyholder Patient

Witness