



BENASSI CHIROPRACTIC, P.A.

Date: _____

Patient: _____

Employer: _____

Claim #: _____

SS# or ID#: _____

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to:

Benassi Chiropractic, P.A.
731 Bielenberg Dr. Suite 201
Woodbury MN 55125

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

For the professional or medical expense benefits allowable, otherwise payable to me under my current insurance policy as payment toward the total charges for the 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. I also agree to pay all legal and collection fees if incurred. A service charge of .5% per month, or 6% APK, will be added to all overdue accounts. All accounts will automatically transfer to our bill collection service if not paid within 30 days.

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.

I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated on this _____ day of _____, 20_____

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder _____