

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT *TO DOCTOR*
PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE

PATIENT NAME _____

EMPLOYEE _____

CLAIM # _____

GROUP # _____

ID/ SSN # _____

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

Raymond E. Ganem, D.C.
4482 Barranca Parkway
Suite 192
Irvine, CA 92604

OR

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:

C/O 4482 Barranca Parkway
Suite 192
Irvine, CA 92604

For professional or medical expense 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 agreed to pay, in a current manner, any balance of said professional fees for non-covered
services and/or fees over and above the insurance payment or as required by my insurance
policy.

A photocopy of this Assignment will be considered as effective and valid as original.

I also authorize the release of any information pertinent to my case to any insurance company,
adjuster, or attorney involved in this claim.

Dated at Orange County, this _____ day of _____ 20____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder