

**ASSIGNMENT OF BENEFITS AND INSTRUCTION  
FOR DIRECT PAYMENT TO DOCTOR**

**(PRIVATE/GROUP, ACCIDENT AND HEALTH INSURANCE)**

Patient: \_\_\_\_\_

Insured SSN/ID#: \_\_\_\_\_

Group/Claim #: \_\_\_\_\_

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:

**Jerry E. Day, DC  
Park West Chiropractic**

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:

**Jerry E. Day, DC  
Park West Chiropractic  
2750 William D. Tate, Ste. 200  
Grapevine, Texas 76051**

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.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

**Park West Chiropractic/Jerry E. Day, DC, CCSP, PC  
2750 William D. Tate, Ste. 200 Grapevine, TX 76051  
817-481-8060 [www.parkwestchiropractic.com](http://www.parkwestchiropractic.com)**