

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

Private and Group Accident and Health Insurance

Patient Name _____

Employer _____

Claim/Group _____

SSN/ID# _____

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

**R. Scott Shepard, D.C.
dba Shepard Family Chiropractic
950 W. University Ave, Suite 103
Georgetown, Texas 78626**

OR

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

**R. Scott Shepard, D.C.
dba Shepard Family Chiropractic
950 W. University Ave, Suite 103
Georgetown, Texas 78626**

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, TITLES
INTERESTS, AND BENEFITS TO THIS OFFICE UNDER THIS POLICY. This
payment will not exceed my indebtedness to the above mentioned assignee, and I have
agreed to pay, in current manner, and 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 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 claim.

Dated in Williamson County, this _____ day of _____, 20_____

Signature of Policy Holder and or Claimant _____

Signature of Witness _____