

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

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

Ki Chiropractic, PLLC
c/o Dr. Connie Amundson
12000 15th Ave NE, Suite C
Seattle, WA 98125

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:

Ki Chiropractic, PLLC
c/o Dr. Connie Amundson
12000 15th Ave NE, Suite C
Seattle, WA 98125

For the professional or chiropractic 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 service charges over and above this insurance payment.

A photo copy 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.

Dated at Seattle, Washington, this _____ day of _____ 20____.

Signature of Policyholder

Signature of Claimant, if other than Policyholder

Print name of Policyholder

Print Name of Claimant, of other than Policyholder

*With my signature above, the full deductible or co-payment would be a financial hardship on me.