

**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  
9500 Roosevelt Way NE, Suite 302  
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  
9500 Roosevelt Way NE, Suite 302  
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.