

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

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

Employer: \_\_\_\_\_

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

SS# or ID#: \_\_\_\_\_

I hereby instruct and direct that \_\_\_\_\_ Insurance  
Company to pay by check made out and mailed to:

The Desert Institute of Physical Therapy

15953 N Greenway-Hayden Loop

Suite A

Scottsdale, AZ 85260

The professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the 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 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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ of 20 \_\_\_\_\_

\_\_\_\_\_

Signature of Policyholder

\_\_\_\_\_

Witness

\_\_\_\_\_

Signature of Claimant if other than Policyholder