

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

I hereby direct and instruct the \_\_\_\_\_ Insurance  
company to pay by check made out mailed directly to:

**LAMBOY CHIROPRACTIC OFFICES**

IF MY CURRENT POLICY PROHIBITS DIRECT PAYMENT TO THE DOCTOR,  
THEN I HEREBY ALSO DIRECT AND INSTRUCT YOU TO MAKE OUT THE  
CHECK TO ME AND MAIL IT AS FOLLOWS:

**LAMBOY CHIROPRACTIC OFFICES**

**Dr. Russell Lamboy  
245 Conklin Street  
Farmingdale, NY 11735**

The professional or medical expense benefits allowable and otherwise payable to me under my current 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 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 *Lamboy Chiropractic offices***

**This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

\_\_\_\_\_  
**Signature of policyholder**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature of claimant, if other than the policyholder**

**Insured:** \_\_\_\_\_

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

**SS#:** \_\_\_\_\_

**Policy#:** \_\_\_\_\_

**Address:** \_\_\_\_\_