

Advanced Spine Health and Wellness Center
140 Edmond Avenue, Portsmouth, NH 03801
Phone: (603) 436-0237 Fax: (603) 430-9356

Paul R. Bacon, D.C.

**ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR.
PRIVATE AND GROUP HEALTH INSURANCE, ACCIDENT, AND WORKERS
COMEPENSATION**

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

Advanced Spine Health and Wellness Center
140 Edmond Avenue
Portsmouth, NH 03801

If my current policy prohibits direct payment to the doctor, then I hereby also instruct and
direct you to make out the check to **Advanced Spine Health and Wellness Center** and mail it
to the following address:

140 Edmond Avenue
Portsmouth, NH 03801

**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 ease to any Insurance
company, adjuster, or attorney involved in this case.

Date: _____

Signature of policyholder

**Signature of Claimant, if other than
Policyholder**