ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

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

BACK TO FUNCTION
2383 Lomita Blvd., Ste. 115
Lomita, CA 90717

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. Insurance policies may vary greatly in terms of deductible and percentage of coverage for chiropractic care. Back to Function will do its best to verify my insurance coverage and will bill my insurance in a timely manner as a courtesy to me. Furthermore, I understand that Back to Function will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Back to Function will be credited to my account on receipt. However, I understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any loss for professional services rendered me will be immediately due and payable. Furthermore, I understand that a $10.00 collection fee is charged to all delinquent (90 days past due) accounts.

The professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward charges for Professional Services rendered by Back to Function. I have agreed to pay the above-mentioned signee, in the current manner, and balance of said Professional Service charges over and above this Insurance payment.

A photocopy or facsimile copy of this Agreement shall be considered as effective and valid as the original.

I also authorize Back to Function to release any information pertinent to my case to any insurance company, adjuster, and attorney involved in this case; and hereby release Back to Function of any consequences thereof.

_____ _____
SIGNATURE OF POLICY HOLDER DATE

_____
SIGNATURE OF CLAIMANT (IF OTHER THAN POLICY HOLDER)