



ADVANCED SPINAL HEALTH, LLC
Optimizing Your Health Through Chiropractic and Nutrition

**Assignment and Instruction for Direct Payment to Doctor from
Private, Group, Accident, Auto & Health Insurance**

Patient Name: _____

Claim/ID#: _____ SS#: _____

I hereby instruct and direct (my insurance co): _____

To pay by check, made out and mailed directly to:

- | | | |
|---|----|-------------------------|
| <input type="checkbox"/> Dr. Steven Salyers | at | 1001 Tower Way, Ste 130 |
| <input type="checkbox"/> Dr. Gregory Heyart | | Bakersfield, CA 93309 |

OR

If my current policy prohibits direct payment to Doctor, then I hereby also instruct and direct that the check be made to me and mailed as follows:

- | | | |
|---|----|-------------------------|
| <input type="checkbox"/> Dr. Steven Salyers | at | 1001 Tower Way, Ste 130 |
| <input type="checkbox"/> Dr. Gregory Heyart | | Bakersfield, CA 93309 |

The professional or medical 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 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 pertaining to my case to any insurance company, adjuster or attorney involved in the case.

Date: _____

Signature of Policyholder: _____

Signature of Claimant, if other than the Policyholder: _____