



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

Patient _____

Employer: _____

Group No.: _____

SSN/ID: _____

I hereby instruct and direct my insurance company to pay the following provider direct payment for services rendered:

If policy provisions prohibit direct payment to physician, I hereby request payment for services rendered per current policy provisions. Payment is for the profession or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward charges for profession services rendered.

THIS IS DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THE POLICY.

This payment will not exceed any indebtedness to the above mentioned assignee and have agreed to pay, in current manner, any balance of said professional services charges over and above this insurance payment. A photocopy of this Assignment of Rights and Benefits 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: _____

Signature of Policy Holder _____

Witness _____

OUR OFFICE LOCATIONS

7th Ave Physical Medicine
& Rehabilitation
512 7th Avenue, 14th Floor
New York, NY 10018
212.768.7979

Downtown Physical Medicine
& Rehabilitation
30 Broad Street, 20th Floor
New York, NY 10004
212.792.9292

Westside Physical Medicine
& Rehabilitation
244 West 54th Street, 3rd Floor
New York, NY 10019
212.262.7246