

Bay Oaks Chiropractic

Dr. Joel D. Duchon
17080 Highway 3
Webster, Texas 77598
281-557-5525

**ASSIGNMENT OF BENEFITS AND INSTRUCTION FOR DIRECT
PAYMENT TO DOCTOR**

I hereby instruct and direct the _____ insurance
company to pay directly to Dr. Joel D. Duchon as follows:

Dr. Joel D. Duchon
17080 Highway 3
Webster, Texas 77598

If my current policy prohibits direct payment to my doctor, then I hereby also
instruct and direct you to make out the check to me and mail it to address above.

I hereby direct that my insurance company make proper reimbursement to
Dr. Joel D. Duchon for all professional and chiropractic expenses rendered and
benefits allowable and otherwise payable to me under my current insurance
policy as payment towards the total charges for professional services rendered.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHT 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, and 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.

DATED THIS _____ DAY OF _____, 20_____.

SIGNATURE OF POLICYHOLDER: _____