

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

Name of Patient: _____

Name of Policyholder: _____

(Name of Person on insurance card)

Policyholders Birthdate: _____

SS# of Policyholder: _____

Group Number: _____

Employer of Policyholder: _____

Employer Address: _____

I hereby instruct and direct that _____ Insurance Company pay a
(NAME OF INSURANCE COMPANY)
check made out and mailed to:

Dr. Dean L. Wahl, D.D.S.
105 Warren St.
Beaver Dam, WI 53916

The professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **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 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 case to any insurance company, adjuster, or attorney involved in this case.

Date: _____ Signature of **policyholder**: _____

_____ Date: _____

Sign here, if other than policyholder

Witness

