

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

RE:

Patient: _____

Employer: _____

Claim/Group # _____

SS#/ID# _____

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

**CRAIG A. DITZLER D.C.
3202 GOVERNOR DR. #200
SAN DIEGO, CA 92122-2940
(858) 452-2202**

or

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

c/o

**CRAIG A. DITZLER D.C.
3202 GOVERNOR DR. #200
SAN DIEGO, CA 92122-2940
(858) 452-2202**

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 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, 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 pertinent to my case to any insurance company,
adjuster, or attorney involved in this case.

**CRAIG A. DITZLER D.C.
3202 GOVERNOR DR. #200
SAN DIEGO, CA 92122-2940
(858) 452-2202**

Dated at _____ this _____ day of _____ 20 _____.

Signature of Policyholder

Witness

Signature of Claimant, If other than Policyholder