***Park Ridge Healthcare & Physical Medicine***

***2896 Chamblee Tucker Road Suite 4***

***Atlanta, GA 30341***

 ***770-457-0584***

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby instruct and direct the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Claimant) (Insurance Company Name)

Insurance Company to make payment directly to:

 Park Ridge Healthcare & Physical Medicine

 2896 Chamblee Tucker Road

 Suite 4

 Chamblee, GA 30341

 Or

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

 Park Ridge Healthcare & Physical Medicine

 2896 Chamblee Tucker Road

 Suite 4

 Chamblee, GA 30341

The professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for profession 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, 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.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_.

 (Time) (Day) (Month) (Year)

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Signature of Policyholder Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Claimant, if other than Policyholder