

Dr. M.K. McKinnon
Chiropractor
2855 Mangum Road, Suite 103
Houston, Texas 77092
(713) 682-5569

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT

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

M.K. McKinnon, D.C.
2855 Mangum Road, Suite 103
Houston, Texas 77092
DC4269
Tax ID No.: 76-0159091

for 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 by Dr. M.K. McKinnon. The payment not to exceed my indebtedness to above mentioned assignee and I have agreed to pay, in the current manner, any balance of said Professional Service charges over and above this insurance payment. I give power of attorney to Dr. M.K. McKinnon or members of her staff, to sign my name on my behalf, a double endorsed check to me and Dr. M.K. McKinnon for payment of my medical treatment charges incurred at the doctor's office only.

I also authorize Dr. M.K. McKinnon or members of her office staff to release any information pertinent to my case to any insurance company, adjuster or attorney involved in this case, and hereby release the doctor or staff members of any consequence thereof.

A photocopy of this assignment shall be considered as effective and valid as the original.

Dated this _____ day of _____, 20____

X_____
Signature of Policy Holder

X_____
Signature of Claimant (if other than Policy Holder)

X_____
Signature of Witness