

***Brodwyn & Associates
3624 Edgewood Rd, Suite A
Columbus, GA 31907
706-563-3370***

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:

Brodwyn & Associates
3624 Edgewood Rd
Suite A
Columbus, GA 30907

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:

Brodwyn & Associates
3624 Edgewood Rd
Suite A
Columbus , GA 31907

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)

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder