

MURRIETA CENTER FOR PAIN

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO MURRIETA
CENTER FOR PAIN PRIVATE AND GROUP ACCIDENT AND HEALTH
INSURANCE

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

MURRIETA CENTER FOR PAIN

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 FOR 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.

CAROL McNAMARA CRNA, KAREN BERNARD CRNA
ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT CAROL McNAMARA
CRNA OR KAREN BERNARD CRNA, PRIVATE AND GROUP ACCIDENT AND HEALTH
INSURANCE

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

CERTIFIED REGISTERED NURSE ANESTHETIST
CAROL McNAMARA CRNA, KAREN BERNARD CRNA

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 FOR 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.

DATE: _____

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder