

Eric W. Werner, DC, MPH, ART®

Chiropractic Physician

8000 Gravois Road
St. Louis, MO 63123-4721

(314) 351-2500
Fax: (314) 351-2877
drericwerner@gmail.com

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

PATIENT: _____

EMPLOYER: _____

CLAIM # OR GROUP #: _____

SS# OR ID# OF POLICY HOLDER: _____

I hereby instruct and direct that _____ Insurance Co. to pay by check made out and mailed to:

Eric Werner, D.C.
St. Louis Bone and Joint Center, LLC
8000 Gravois Road
St. Louis, MO 63123

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:

Eric Werner, D.C.
St. Louis Bone and Joint Center, LLC
8000 Gravois Road
St. Louis, MO 63123

The professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THE POLICY. This payment will not exceed by 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_____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder