

Torrey Hills Chiropractic ~ Dr. Steve Ronco
4653 Carmel Mountain Road, Ste. 303, San Diego, CA 92130 ~ 858-481-1422

Assignment of Benefits

This form will instruct and direct your insurance company _____
to pay by check, made out and mailed directly to:

Steve Ronco, D.C.
4653 Carmel Mountain Rd, #303
San Diego, CA 92130

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

Steve Ronco, D.C.
4653 Carmel Mountain Rd, #303
San Diego, CA 92130

This includes the professional and medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for services rendered. THIS IS A DIRECT ASSIGNMENT OF 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 charge over and above this insurance payment.

A photo copy of this agreement and 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 in San Diego, California this ____ day of _____ 200 ____.

Signature of Policy holder

Office staff signature

Signature of claimant if other than Policy holder