

**ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO  
DOCTOR**

I Hereby instruct and direct the \_\_\_\_\_  
Insurance Company to pay by check made out to COBBLESTONE CHIROPRACTIC & WELLNESS and  
mailed directly to:

Cobblestone Chiropractic & Wellness  
10233 Okeechobee Blvd. Suite B-6  
Royal Palm Beach, FL 33411  
Attn Dr. Dean Mammals

Telephone: (561) 753-2225

Fax: (561) 296-0378

If my current policy prohibits direct payment to doctor, then I hereby also instruct and direct you to make out  
the check to COBBLESTONE CHIROPRACTIC & WELLNESS and bring it in to the office or mail it to:

Cobblestone Chiropractic & Wellness  
10233 Okeechobee Blvd. Suite B-6  
Royal Palm Beach, FL 33411  
Attn Dr. Dean Mammals

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 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 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, or attorney  
involved in this case

Dated at Cobblestone Chiropractic & Wellness this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Policyholder if different than above

\_\_\_\_\_  
Witness