

***DIRECTIVE FOR DISBURSEMENT***  
***"ASSIGNMENT OF INSURANCE BENEFITS"***

By this instrument, I authorize, instruct, and order any insurance company obligated by contractual agreement to reimburse me for allowable professional or medical services to make direct payment to:

**TUCKAHOE CHIROPRACTIC**  
**32201 QUEEN ANNE HWY**  
**QUEEN ANNE, MD 21657**

The provider shall directly credit this payment to my account, and I have agreed to pay (in a current manner) the balance of all charges for professional services over and above the insurance benefits.

I also authorize the release of any HIPAA protected health information pertinent to my case to any insurance company, claims adjuster, or attorney involved in this case for the purpose of securing insurance benefits payable to the above named provider or myself.

Initialed \_\_\_\_\_

**THIS IS A DIRECT ASSIGNMENT OF  
ALL BENEFITS TO THIS  
HEALTHCARE PROVIDER.**

\_\_\_\_\_  
*Signature of Policy Holder*

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
*Signature of Claimant*

\_\_\_\_\_  
*Date*

**A PHOTO COPY OF THIS DOCUMENT SHALL BE AS VALID AS THE ORIGINAL**