

Glen Burnie Chiropractic and Physical Therapy, LLC
Authorization to pay Physician

*I hereby authorize the _____ insurance company
to pay by check made out and mailed directly to:*

*Glen Burnie Chiropractic and Physical Therapy, LLC.
337 Hospital Drive, Building B
Glen Burnie, MD 21061*

*For the medical and surgical expense benefits allowable, and otherwise payable to
me under my insurance policy, as payment toward the total charges for professional
services rendered. This payment will not exceed my indebtedness to the
abovementioned assignee, and I agree to pay, in a current manner, any balance of
said professional service charges over and above the insurance payment.*

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

*c/o Glen Burnie Chiropractic and Physical Therapy, LLC.
337 Hospital Drive, Building B
Glen Burnie, MD 21061*

***THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER
THIS POLICY.***

*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