INSURANCE VARIFICATION REQUEST FORM

and

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

Larry Han, LAc **904-234-2023**	**Insurance Verification Request Form**
Patient Name	
Date of Birth	
Patient Phone #	
Insurance Company	
ID#	
Group #	
Provider Phone # on back of card	
Acupuncturist	
Date of Appointment	
Remarks	

ACUPUNCTURE TREATMENT CENTER

Larry L. Han LAc
1700 Wells Road Suite 28 Orange Park, Florida 32073
TELEPHONE: 904-234-2023 FAX: 407-888-8211

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

PATIENT NAME_____

ADDRESS_____CITY_____STATE___ZIP_____

EMPLOYER/INSURANCE_____
GROUP #_____ID#_____

I HEREBY INSTRUCT THE ABOVE NAMED INSURANCE COMPANY TO PAY BY CHECK MADE OUT TO AND MAILED DIRECTLY TO:

Larry L. Han Inc. DBA
Acupuncture Treatment Center
1700 Wells Road Suite 28
Orange Park, FL 32073

IF MY CURRENT POLICY PROHIBITS DIRECT PAYMENT TO THE DOCTOR, THEN I HEREBY INSTRUCT AND DIRECT YOU TO MAKE OUT THE CHECK TO ME AND MAIL IT AS FOLLOWS:

C/O Larry L. Han Inc. DBA
Acupuncture Treatment Center
1700 Wells Road Suite 28
Orange Park, FL 32073

FOR 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 FEES FOR NON-COVERED SERVICES AND/OR FEES, OVER AND ABOVE THE INSURANCE PAYMENT OR AS REQUIRED BY MY INSURANCE 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 FOR THE PURPOSE OF SECURING PAYMENT UNDER THIS POLICY OF INSURANCE.
DATED AT_____COUNTY, THIS_____DAY OF _____20_____

_____ _____
SIGNATURE OF POLICY HOLDER WITNESS

_____ _____
SIGNATURE OF CLAIMANT, IF OTHER THAN POLICYHOLDER RELATIONSHIP TO PATIENT