

A STEP AHEAD PEDIATRIC THERAPY, Inc.

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO A STEP AHEAD PEDIATRIC THERAPY, Inc. OF PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE PAYMENTS

Policyholder's Name: _____

Social Security or Policy I.D. Number: _____

Employer: _____

Employer's Claim/Group Number: _____

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to:

A STEP AHEAD PEDIATRIC THERAPY, Inc.
2505 Taylor Rd.
Columbus, In 47203
Tel: (812) 314-2378
Fax: (812) 373-7616
Email: astepaheadped@sbcglobal.net

OR

If my current policy prohibits direct payment to **A STEP AHEAD PEDIATRIC THERAPY, Inc.**, then I hereby instruct and direct the above named Insurance Company to make out the check to me and mail as indicated below:

Policyholder's Name _____

C/o **A STEP AHEAD PEDIATRIC THERAPY, Inc.**
2505 Taylor Rd.
Columbus, In 47203
Tel: (812) 314-2378
Fax: (812) 373-7616
Email: astepaheadped@sbcglobal.net

For the professional medical expense benefits allowable and otherwise payable to me under my current insurance policy, as payment toward the total charges for the professional medical services rendered.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness (amount owed) to the above mentioned assignee (**A STEP AHEAD PEDIATRIC THERAPY, Inc.**). I have agreed to pay, in a current manner, any balance of said professional medical service allowable charges over and above the insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original. I authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Dated this _____ day of _____ in the year _____

Signature of Policyholder

Witness

Signature of Claimant if other than Policyholder

Witness