Lisa A. Muff D. M. D
1505 Sullivan Trail
Easton, PA 18040
(610) 559-8001
Fax (610) 559-8605

Date: _____
Patient: _____
Employer: _____
Claim Group: _____
SS # / ID # : _____

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

Dr. Lisa Muff
1505 Sullivan Trail
Easton, PA 18040

Or

If my current policy prohibits direct payment to doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

Dr. Lisa Muff
1505 Sullivan Trail
Easton, PA 18040

For the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the 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 this current manner, any balance of said professional services charges over and above the 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, adjuster, or attorney involved in this case.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Date at _____ this _____ day of _____, 20 _____.

_____ _____

Signature of Policyholder Witness

Signature of Claimant, if other than Policyholder: _____