

**ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO PRACTITIONER
PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE**

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

Alaskan Natural Care, Inc.
PO Box 3082
Homer, AK 99603

or

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

c/o Valerie DeLaune, LAc
Alaskan Natural Care, Inc.
PO Box 3082
Homer, AK 99603

the 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 service charges over and above this 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.

Dated at _____ this _____ day of _____ 20_____

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder