AUTHORIZATION FOR DIRECT PAYMENT
OF INSURANCE BENEFITS TO MEDICAL PROVIDER

Release of Records and Payment agreement

I HEREBY AUTHORIZE and direct you, _____, my Insurance Company, to pay by check, made payable to, and mailed directly to: _____ @

_____

any of the medical and professional expenses allowable and otherwise payable to me under my current insurance policy, as payment toward the total charges for professional services rendered by the above named medical service provider. This payment will not exceed my indebtedness to the above mentioned medical service provider. I understand, that I remain personally liable for, and agree to pay, in a timely manner, any balance of said professional service charges over and above insurance company payments, or for any balances due, if in fact insurance company does not pay, for whatever reason. I further understand that such payment due from me, and payable by me, is not contingent upon any settlement, claim or verdict by which I may recover said fee.

If my current policy prohibits direct payment to my medical services provider, then I hereby instruct and direct you to make the check payable to me: _____

AND _____, and mail it as follows:

PATIENTS NAME: _____

C/O: (Provider's Name) _____

ADDRESS: CITY: _____ State: _____ Zip:_____

Furthermore, I authorize the above mentioned medical services office to, and hereby give power of attorney to, said office to endorse/sign my name on any and all checks for payment of medical services received from my insurance company for medical services provided by said office.

I also grant a lien to said medical services provider for any proceeds or insurance benefits payable under my policy. A photocopy of this instrument shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to the insurance company and its adjuster, to my medical providers, or my attorney, to the extent necessary, to obtain payment for medical services. All previous assignments, authorizations, and records release agreements entered into between the parties are hereby rescinded, repealed and otherwise null and void as if never entered into, effective immediately. This instrument is not intended to operate as an assignment as that term is used in Florida Statutes 627.736. And any provision(s) of this instrument that may be interpreted as such shall be considered null and void from the beginning and the remaining provision(s) of this instrument may be severed from said provision(s) and will remain in full force, effect, and operation.

Executed this _____ Day of _____Month, _____Year _____

WITNESS: _____Date: _____

CLAIMANT: _____

PROVIDER or REPRESENTATIVE: _____