

I hereby instruct and direct that my insurance company is to pay by check issued to and mailed to my Consulting Neurosurgeon:

Wm L. Caton III, M.D., Inc.  
630 South Raymond Ave  
Suite 330  
Pasadena, Ca 91105

If my current policy prohibits direct payment to the doctor, then I hereby instruct and direct my insurance company to issue the check to me and I will mail to the appropriate physician as follows:

Wm L. Caton III, M.D., Inc.  
630 South Raymond Ave  
Suite 330  
Pasadena, Ca 91105

The professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy are 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 relieve my indebtedness to the above mentioned assignee and I have agreed to pay any balance 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 the case.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_

Signature of Policyholder

\_\_\_\_\_

Signature of Patient if other than Policyholder