University Pain Medicine Center
Didier Demesmin, M.D.

_78 Easton Avenue, New Brunswick, NJ 08901 Tel (732) 828-1003 Fax (732) 828- 0775
_636 Easton Avenue, Somerset, NJ 08873 Tel (732) 246-7246 Fax (732) 220-1300

Assignment and Instructions for Direct Payment to Doctor
Private and Group Accident and Health Insurance

Re: Claim/Group Number
Patient: SS Number/ID Number
Employer:

I hereby instruct my Insurance Carrier

Or the Insurance Carrier responsible for this claim to pay by check made out and mailed directly to: University Pain Medicine Center

_ 78 Easton Avenue
New Brunswick, NJ 08901
Tel (732) 828-1003

_ 636 Easton Avenue
Somerset, NJ 08873
Tel (732) 246-7246

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:

University Pain Medicine Center

_ 78 Easton Avenue
New Brunswick, NJ 08901
Tel (732) 828-1003

_ 636 Easton Avenue
Somerset, NJ 08873
Tel (732) 246-7246

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 DIERCET ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This includes assigning the above provider the right to proceed via AAA Arbitration or Superior Court to collect any unpaid bills. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in current manner, any balance of said professional service charge 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_____