

DIRECTION TO PAY BENEFITS TO HEALTH CARE PROVIDER

In consideration for Todd Black, D.C., LLC agreeing to bill my motor vehicle Basic Reparatons Benefits Coverage (including any PIP and Med-Pay coverage) directly for services rendered me or an insured under my policy, in lieu of issuing a draft to me personally, I hereby direct my vehicle insurance to pay any expense related to my treatment directly to said provider with priority over any prior or subsequent expense pending but unpaid. This assignment and direction shall remain in force and effect until revoked by myself in writing, and served upon Todd Black, D.C., LLC by registered mail.

Signed this _____ day of _____, 20 _____ .

Patient Signature _____

Patient Name _____ DOB _____

Claim# _____ DOA: _____