

ASSIGNMENT OF BENEFITS

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

VALLEY RIDGE CHIROPRACTIC CENTER
DR. MICHAEL A. NAPOLIELLO
600 VALLEY ROAD
WAYNE, NEW JERSEY 07470

or

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

c/o

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.

Signature of patient or insured

Date _____ 19 ____