



I hereby instruct and direct _____ insurance company to pay by check made out and mailed to Ergo-Rehab, Inc. for the medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered. If my current policy prohibits direct payments to Ergo-Rehab, Inc., I hereby also instruct and direct you to make out the check to me and mail it to the above address. This is a direct assignment of my benefits under this policy. This payment will not exceed my indebtedness to the above-mentioned assignee. I agree 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 authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize Ergo Rehab, Inc. and its employees to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Signature of Policyholder

Date

(Signature of Claimant, if other than policyholder)