

TEMECULA PAIN MANAGEMENT CENTER

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO TEMECULA  
PAIN MANAGEMENT CENTER PRIVATE AND GROUP ACCIDENT AND  
HEALTH INSURANCE

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

TEMECULA PAIN MANAGEMENT CENTER

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 FOR 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.

**CAROL McNAMARA CRNA, KAREN BERNARD CRNA**  
ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT CAROL McNAMARA  
CRNA OR KAREN BERNARD CRNA, PRIVATE AND GROUP ACCIDENT AND HEALTH  
INSURANCE

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

**CERTIFIED REGISTERED NURSE ANESTHETIST**  
CAROL McNAMARA CRNA, KAREN BERNARD CRNA

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 FOR 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.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Claimant, if other than Policyholder