

Walter Jung, DDS
Oral and Maxillofacial Surgery
8680 Bluebonnet Blvd, Suite C
Baton Rouge, LA 70810
(225) 767-7212

Date:

Patient:

Employer:

Claim Group:

SSN/ID#:

I hereby instruct and direct
check made out and mailed to:

Insurance Company to pay by

Walter J. Jung, DDS, PC

Or

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

**8680 Bluebonnet Blvd, Suite C
Baton Rouge, LA 70810**

For the professional or medical expense benefits allowable, and otherwise payable to me under
my current insurance policy as payment toward the total charges for the 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 the 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.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my
behalf.

Dated at _____ (time) this _____ day of _____, 20_____

Signature of Policyholder/Claimant (if other than policy holder): _____

Witness: _____