

# OLNEY MEDICAL GROUP

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## AUTHORIZATION TO PAY PHYSICIAN

I hereby authorize the \_\_\_\_\_ insurance company to pay by check made payable and mailed to:

Olney Medical Group, LLC  
P.O. Box 157, Ashton, MD 20861 - 0157

If my current policy prohibits direct payment to my doctor, then I hereby authorize you to make the check payable to me and mail me as follows:

Patient's Name: \_\_\_\_\_  
Patient's D.O.B: \_\_\_\_\_  
C/O Name & Address: Olney Medical Group LLC  
P.O. Box 157, Ashton, MD 20861 – 0157

The medical and surgical expense benefits allowable and otherwise payable to me under my current insurance policy, as payment towards the total charges for professional services rendered. I hereby irrevocably assign Olney Medical Group as a third party beneficiary to the PIP coverage, med pay, or any other first party benefits that I may be entitled to under the insurance policy with the above named insurance company. It is my intention that Olney Medical Group, as third party beneficiary, has the same rights as I would to institute legal proceedings or take other actions to enforce the insurance contract. This payment will not exceed my indebtedness to the above-mentioned assignee, and I agree to pay in current manner, any balance of said professional.

A copy 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.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

Date of Accident: \_\_\_/\_\_\_/\_\_\_\_\_

Claim Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Adjuster's name: \_\_\_\_\_

Adjuster's Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_\_\_

SIGNATURE OF POLICY HOLDER: \_\_\_\_\_

SIGNATURE OF CLAIMANT: \_\_\_\_\_

### INSTRUCTIONS:

\*\*Please sign and return back to us by email: [olneymedicalgroup@yahoo.com](mailto:olneymedicalgroup@yahoo.com)

\*\* Mail original copy to: 3411 Olandwood Ct. Suite 105 Olney, MD 20832