Date:			
I hereby instr	uct and direct		_ Insurance Company to pay by check made out to
	Ray W. Ng, D.P.M., F P.O. Box 797846 Dallas, Texas 75379-7		
•	policy prohibits direct p il it to me as follows:	ayment to doctor, I here	eby also instruct and direct you to make out the
	Ray W. Ng, D.P.M., F P.O. Box 797846 Dallas, Texas 75379-7		
as payment tov RIGHTS AND mentioned assi	vard the total charges for the BENEFITS UNDER THI	ne professional services re S POLICY. This paymen	erwise payable to me under my current insurance police endered. THIS IS A DIRECT ASSIGNMENT OF MY at will not exceed my indebtedness to the above any balance of said professional service charges over
A photocopy o	f this Agreement shall be o	considered as effective an	nd valid as the original.
			e to any insurance company, adjuster or attorney he Insurance Commissioner for any reason on my
Dated at	this	day of	, 20
Signature of th	e Policyholder	v	Witness
Signature of C	laimant, if other than Polic	yholder	