

REQUEST FOR INSURANCE PAYMENT SENT TO THE OFFICE OF Dr. VICTOR SUN

I, _____, hereby assign my benefits payable from all claims to Dr. Victor Sun and authorize payment directly to him. I understand that Dr. Victor Sun's office generally does not accept payment directly from the insurance company and patients are required to pay in full the amount due at the end of each appointment. I understand that it is purely a courtesy that Dr. Victor Sun is going to take payment directly from my insurance company and I accept my responsibility to pay any portion not covered by my insurance company at the end of each appointment.

As a result of my request for direct payment from my insurance company to Dr. Sun, I understand and accept the fact that if there is any overdue/unpaid amount on my account, it may/will result in my account being sent to a collection agency.

I do not have any further question with respect to the above statements.

Patient's signature

Date

Guardian/Parent's signature

Date

Witness:

Date