



Lloyd Costello, M.D. A Professional Corporation
dba CoraMed Healthcare, Inc.
1902 Royalty Drive, Suite 130
Pomona, CA 91767

Patient: _____
Employer: _____
Claim Group: _____
ID #: _____

I hereby instruct and direct _____ Insurance Company to pay
by check made out and mail to:

Lloyd Costello, M.D. A Professional Corporation
1902 Royalty Drive, Suite 130
Pomona, CA 91767

If my current policy prohibits direct payment to Dr. Costello, I hereby instruct and direct you to make out
the check and mail to:

Lloyd Costello, M.D. A Professional Corporation
1902 Royalty Drive, Suite 130
Pomona, CA 91767

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 this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information, medical or otherwise, which is pertinent to my case to any
insurance company, adjuster, or attorney involved in this case.

I authorize Lloyd Costello, M.D., A professional Corporation to initiate a complaint to the Insurance
Commissioner for any reason on my behalf.

Dated at _____ this _____ day of _____, 20_____

Signature of Policyholder

Witness