

**Priscilla J. King LLC**

4485 Tench Road  
Suite 840  
Suwanee, Ga 30024

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**Insurance Assignment Sheet**

Client Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Policyholder/Employee (*if* different from client) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Insurance Company Phone number \_\_\_\_\_  
Insurance Identification number \_\_\_\_\_ Group number \_\_\_\_\_

I hereby instruct and direct \_\_\_\_\_ Insurance Company to pay by check or direct transfer payment for the behavioral health benefits allowable and payable toward charges for the professional services rendered to:

Priscilla J. Colvin King LLC  
4485 Tench Road  
Suite 840  
Suwanee, GA 30024  
EIN # 26-1526048

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.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_  
or Claimant if other than policyholder