

# west side wellness

therapeutic bodywork and massage

## auto insurance information form

please print clearly

<b>full legal name</b>			
street address			
city + state + zip			
phone		date of birth	
social security #			

<b>insured's name</b>			
street address			
city + state + zip			
phone		date of birth	
social security #			
relation to client			

<b>referring MD</b>	(required)		
phone		fax	
street address			
city + state + zip			
physician's NPI			

continue >>>>

<b>date of accident</b>		location	
type of accident			
type of injury			

<b>attorney's name</b>	(if you've hired one)		
phone		fax	
street address			
city + state + zip			

<b>auto insurance company name</b>	(n/a if you've hired an attorney)		
claims address			
city + state + zip			
phone		fax	
adjuster's name			
claim #		policy #	

<b>please ask your auto insurance claims adjuster:</b>	(n/a if attorney)
is massage therapy covered by my plan?	
are there any billing restrictions regarding massage therapy?	
what billing codes are accepted for massage therapy?	
is there a maximum number of visits allowed?	
if yes, how many have I used so far?	
are there any other applicable policy limits?	

<b>signature + date</b>	
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