

Holistic Massage & Wellness Clinics

(954) 491-2225 Fax (954) 491-6862

Patient Information to Verify Insurance

Name: _____
Last First

Address: _____
Number Street Apt/Unit #

_____ City State Zip

Phone: _____
Home Work Cell

Emergency contact: _____
name Phone number

Date of Birth: _____

Insurance Company: _____

Policy Number: _____

Claim Number _____

Name of Adjuster: _____

Phone of Adjuster _____
Extention

Date of Accident: _____

For Office Use Only

Deductible Amount _____ Once met payment at _____ %

Med Pay? Yes No Policy Limit _____

Do you pay on the following codes:

97124 Yes No 97140 Yes No 99201 Yes No

Date _____ Verified By _____