



7500 212<sup>th</sup> st SW, Suite 101 Edmonds, WA 98026 T: 425.776.6966

F: 425.776.6969

\_Date:\_\_\_\_\_

Patient Name			IIIIO	311WC		nassaae.cc
First:	M.Inital	Last		Se	X	_Age
Address:						
Home Phone:						
Email:		Preferred (	Contact			
Birthdate://	Soci	al Security Number	·:			
Condition (why are you being :	seen):					
Date of Injury:						
Referring Physician:		Primary (	Care Physici	an:		
**Payment is due the day serv	ices are ren	dered. Accepted ir	Cash, chec	k, Cre	dit Cai	rd, and Gift
Certificate.						
• <u>Time of Service:</u> \$56- regular. Packages are			ne and a ha	lf hour	, \$240	-two hour for
• <u>Health Insurance:</u> All massages	Co-pays are	e due at time of serv	vice. Insuran	ce onl	y pays	for 1-hour
<u> </u>	sonal prote	ection (PIP): Claims	s from an au	to acc	ident a	re covered b
<ul> <li>Personal Injury w/ per</li> </ul>	_					
Personal Injury w/ per the patients insurance I	<sup>2</sup> IP DOIICV. TI	ne insurance will the	511 DC 161111DL	มเจษนา	rı ıuıı L	ıv iii <del>c</del> ai iauii
the patients insurance F		ne insurance will the	on be remible	ii seu i	II IUII L	iy ill <del>e</del> al lauli
the patients insurance F party's insurance comp	any.					-
the patients insurance for party's insurance composite of the patients in party without the patients in patients i	any. <b>ut PIP:</b> Patie	ent is fully responsil	ole for all cha	arges,	and m	ay pay as yo
the patients insurance for party's insurance composite of the party's insurance composite of the party's insurance for party's insurance composite for party's insurance for party's insurance composite for party's insurance for party i	any. <u>ut PIP</u> : Patie insurance w	ent is fully responsil vill reimburse the pa	ole for all cha atient when t	arges,	and m	ay pay as yo
the patients insurance final party's insurance composite of the patients in th	any. <u>ut PIP</u> : Patie insurance w	ent is fully responsil vill reimburse the pa	ole for all cha atient when t	arges,	and m	ay pay as yo
the patients insurance is party's insurance compared by the party's insurance compared by the party's go. The at fault party's payment towards the full party's payment towards the full party is payment towards the full party's party's party's party's party's party's party's payment towards the full party's payment towards the full party payment towards the full payment towards the full payment to payment towards the full paym	any. <b>It PIP:</b> Patie insurance w Il cost of the	ent is fully responsily will reimburse the pa massage may be	ole for all cha stient when t determined.	arges, he clai	and m im sett	ay pay as yo les. Your
the patients insurance for party's insurance composite party's insurance composite party's go. The at fault party's payment towards the further party insurance (Circle Composite party) insurance party i	any. <u>It PIP</u> : Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the part of massage may be the high the lateral of the high the lateral of the high the lateral of the	ole for all cha stient when t determined.	arges, he clai	and m	ay pay as yo les. Your
the patients insurance is party's insurance composite of the party's insurance composite of the party's payment towards the furth of the party is payment towards the furth of the party insurance (Circle of the party insurance).	any.  ut PIP: Patie insurance w II cost of the  One) Cash	ent is fully responsibility reimburse the part massage may be the the massage may be the alth Insurance the surance the suranc	ole for all cha tient when t determined.	arges, he clai <b>Wor</b> l	and m im sett kers C	ay pay as yo les. Your
the patients insurance is party's insurance composite of the party's insurance composite of the party's payment towards the furble of the party is payment towards the furble of the payment company:	any.  It PIP: Patie  insurance w  Il cost of the  One) Cash	ent is fully responsibility reimburse the parties of massage may be the massage may be the alth insurance of the massage for the massage may be the alth insurance of the massage for the massage may be the massage for the m	ole for all cha atient when to determined. Adjuster Nan	arges, he clai <b>Worl</b> ne:	and m im sett <b>kers C</b>	ay pay as yo les. Your
the patients insurance is party's insurance composite of the party's insurance composite of the party's go. The at fault party's payment towards the further payment towards the further payment company:	any.  It PIP: Patie  insurance w  Il cost of the  One) Cash	ent is fully responsibility reimburse the parties and the parties and the massage may be a second or the parties and the massage may be a second or the parties and the massage may be a second or the parties and the parties	ole for all chantent when the determined.  Adjuster Nan Fax:	arges, he clai <b>Worl</b> ne:	and m im sett <b>kers C</b>	ay pay as yo
the patients insurance is party's insurance composite of the party's insurance composite of the party's payment towards the furure of the party is payment towards the furure of the party insurance (Circle of the party is payment towards the furure of the party is payment towards the furure of the party is payment towards the furure of the payment towards the payment towards the furure of the payment towards	any.  It PIP: Patie insurance w Il cost of the  One) Cash	ent is fully responsibility reimburse the parties and the parties and the massage may be a second or the parties and the massage may be a second or the parties and the massage may be a second or the parties and the parties	ole for all chantent when the determined.  Adjuster Nan Fax:	arges, he clai <b>Worl</b> ne:	and m im sett <b>kers C</b>	ay pay as yo les. Your
the patients insurance is party's insurance composed in the party's insurance composed in the party's go. The at fault party's payment towards the further insurance Company:	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the parties and the part	ole for all chantent when the determined.  Adjuster Nan Fax:	arges, he clai <b>Worl</b> ne:	and m im sett <b>kers C</b>	ay pay as yo les. Your
the patients insurance is party's insurance composed.  • Personal injury without go. The at fault party's payment towards the further payment towards the further payment company:  Primary Insurance (Circle of Insurance Company:  Address:  Adjuster Phone:  Subscriber Name:  Subscriber ID or Claim #:  Secondary Insurance: (Phone:	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the parties and the part	ole for all chantent when the determined.  Adjuster Nan Fax:	arges, he clai <b>Worl</b> ne:	and m im sett <b>kers C</b>	ay pay as yo les. Your
the patients insurance is party's insurance composed.  • Personal injury without go. The at fault party's payment towards the further payment towards the further payment towards the further payment company:  Primary Insurance (Circle of Insurance Company: Address: Adjuster Phone: Subscriber Name: Subscriber ID or Claim #: Secondary Insurance: (Phone of Insurance Company:	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the parties and the part	ole for all chartient when the determined.  Adjuster Nan Fax:	arges, he clai <b>Worl</b> ne:	and m im sett	eay pay as yo
the patients insurance is party's insurance composed in the party's insurance composed in the party's payment towards the further insurance Company:  Address: Adjuster Phone: Subscriber Name: Subscriber ID or Claim #: Secondary Insurance: (Phone insurance Company: Address:	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the part is massage may be a second representation of card is need	ole for all chartent when the determined.  Adjuster Nan Fax:  ed)  hone	arges, he clai <b>Worl</b> ne:	and m im sett	ay pay as yo
the patients insurance is party's insurance composed in the party's insurance composed in the party's payment towards the further insurance Company:  Address: Adjuster Phone: Subscriber Name: Subscriber ID or Claim #: Secondary Insurance: (Phone insurance Company: Address: Subscriber Name: Subscriber ID or Claim #: Secondary Insurance: (Phone insurance Company: Address: Subscriber Name:	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the part of the	ole for all chartient when to determined.  Adjuster Namer Fax:  ed)	arges, he clai <b>Worl</b> ne:	and m	eay pay as yo
the patients insurance for party's insurance composite of the party's insurance composite of the party's insurance for party's insurance composite for party's insurance for party's insurance composite for party's insurance for party i	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the part of the	ole for all chartient when to determined.  Adjuster Namer Fax:  ed)	arges, he clai <b>Worl</b> ne:	and m	eay pay as yo
the patients insurance is party's insurance composed in the party's insurance composed in the party's payment towards the further payment towa	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the part of the	ole for all chartient when to determined.  Adjuster Namer Fax:  ed)	arges, he clai <b>Worl</b> ne:	and m	eay pay as yo
the patients insurance is party's insurance composed.  • Personal injury without go. The at fault party's payment towards the further payment	any.  It PIP: Patie insurance w Il cost of the One) Cash	ent is fully responsibility reimburse the part is massage may be a massage	ole for all chartent when the determined.  Adjuster Name Fax:  hone Birthday:	worl	and m	eay pay as yo
the patients insurance is party's insurance composed in the party's insurance composed in the party's payment towards the further insurance Company:  Address: Adjuster Phone: Subscriber Name: Subscriber ID or Claim #: Secondary Insurance: (Phone insurance Company: Address: Subscriber Name: Subscriber ID or Claim #: Secondary Insurance: (Phone insurance Company: Address: Subscriber Name:	any.  It PIP: Patie insurance w Il cost of the One) Cash  Onto copy  M.Inital	ent is fully responsibility reimburse the part is massage may be a massage	ole for all chartent when to determined.  Adjuster Name Fax:  ed)  hone  Birthday:	worl  me:Se	and mim sett	ay pay as yo

Patient (Guardian) Signature: