



Patient Name

First: _____ M. Initial _____ Last _____ Sex _____ Age _____
Address: _____ City: _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
Email: _____ Preferred Contact _____
Birthdate: _____ / _____ / _____ Social Security Number: _____
Condition (why are you being seen): _____
Date of Injury: _____ Other treatment: _____
Referring Physician: _____ Primary Care Physician: _____

***Payment is due the day services are rendered. Accepted in Cash, check, Credit Card, and Gift Certificate.*

- **Time of Service:** \$56- half hour, \$120- 1hour, \$180-one and a half hour, \$240-two hour for regular. Packages are sold (3,5,10)
- **Health Insurance:** All Co-pays are due at time of service. Insurance only pays for 1-hour massages
- **Personal Injury w/ personal protection (PIP):** Claims from an auto accident are covered by the patients insurance PIP policy, the insurance will then be reimbursed in full by the at fault party's insurance company.
- **Personal injury without PIP:** Patient is fully responsible for all charges, and may pay as you go. The at fault party's insurance will reimburse the patient when the claim settles. Your payment towards the full cost of the massage may be determined.

Primary Insurance (Circle One) Cash Health Insurance Auto Workers Comp

Insurance Company: _____
Address: _____ Adjuster Name: _____
Adjuster Phone: _____ Adjuster Fax: _____
Subscriber Name: _____
Subscriber ID or Claim #: _____

Secondary Insurance: (Photo copy of card is needed)

Insurance Company: _____
Address: _____ Phone _____
Subscriber Name: _____
Subscriber ID: _____ Subscriber Birthday: _____

Emergency Contact:

First: _____ M. Initial _____ Last _____ Sex _____ Age _____
Phone: _____ Relationship to Patient: _____

My signature acknowledges that I have read and fully understand the above information. I understand that I have provided the above information with the best of my knowledge and will update the therapist if any changes occur.

Patient (Guardian) Signature: _____ Date: _____