



body | balance realign. reconnect. recover.

Auto Insurance Intake

Name: _____ Today's Date: _____

Address: _____
Number Street City State Zip

Date of Birth: _____ Marital Status: _____ Number of Children: _____

Gender identity/preferred pronoun(s): _____

Email: _____
Only for occasional communication from our office, circle one: Opt IN Opt OUT

Primary Phone: _____ Home Cell Work Preferred

Secondary Phone: _____ Home Cell Work Preferred

Emergency contact: _____ Phone: _____

Occupation: _____ Employer: _____

Date of Accident: _____ City & State of accident: _____ Claim # _____

Insurance company name: _____

Billing address: _____
Number Street City State Zip

Billing Fax # _____ Billing Email: _____

Adjuster's name: _____ Adjuster's phone # _____

Referring physician: _____ Physician's phone # _____

Attorney's name: _____ Attorney's phone # _____

As a courtesy, Body Balance Rolfing and Massage, LLC (Body Balance) will verify and bill your insurance coverage for all services rendered. Deductibles, co-payments, and co-insurance are your responsibility.

FINANCIAL RESPONSIBILITY: For and in consideration of the treatment to the patient, I promise to pay all charges for services rendered to or on behalf of the patient. If the assigned insurance denies payment, I promise to pay the balance due upon notification. Any unpaid balance that is over 60 days old will be referred to Collections for accounts receivable assistance. I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

ASSIGNMENT OF BENEFITS: I authorize my insurance/benefits carrier(s) to remit payment of benefits for any claim to Body Balance. I understand that any ineligible/not covered charges are my responsibility. I authorize Body Balance to release any information necessary to process medical claims.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered to be as valid as the original. I have read, understand, and agree to the above.

Signature

Date