

Gresham Balance Body Works, LLC
Lindsay Lindala, LMT #13478 - Danielle Sutton, LMT #19777

Insurance Information

Auto/Worker's Comp Insurance:

Is condition due to accident? Auto Work

Accident Date: ___/___/___ Claim Filed? Y N

Claim #: _____

Insurance Company: _____

Insurance Company Billing Address: _____

Adjuster: _____

Adjuster Phone #: _____

Group Health Plan Insurance:

Insurance Co. _____

Policy Holder _____

Relationship to Patient _____

Policy # _____

Group Plan # _____

Assignment and Release:

I, the undersigned, certify that I (or my dependent) have insurance coverage with the above company. I assign all insurance benefits, if any, otherwise payable to me for services rendered, directly to Gresham Balance Bodyworks, LLC. I understand that I am Financially Responsible for all the charges whether or not paid by insurance. I hereby authorize the release of all information necessary to secure the payment benefits. I authorize the use of this signature on all insurance submissions. I have received the HIPAA privacy policy statement and offered a copy for my records.

_____ Date ___/___/___
Patient/Guardian Signature