

12th Avenue Massage Therapy Group

2100 North 12th Avenue Pensacola, Florida 32503

Telephone: 850-432-6870 Fax: 850-432-6815

Establishment License #MM009764

Insurance Information Form

Name (First) _____ (MI) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

Date of Birth _____ Male Female

Social Security # _____ - _____ - _____

Marital status: married single separated divorced widowed other

Employment: full-time part time retired not employed

Condition is related to: employment auto accident other

Employers name _____

Date of current illness (date of first symptom) or injury (date of accident) _____

Dates patient unable to work in current occupation from _____ to _____

Hospitalization dates related to current services from _____ to _____

Physician Information:

Prescribing Physician _____

Address _____

Phone number _____ Fax _____

Insurance Information

Insurance company _____ Plan Name _____

Claims office address _____

Claims office phone number _____ Fax _____

Claim/Contract/Case # _____ Insured ID number _____

Group # _____ Adjuster _____

Adjuster phone number _____ Fax _____

Patients' relation to insured: self spouse child other

If different than the patient:

Name of the insured _____

Social security # _____ - _____ - _____ Date of birth _____

Do you have any other insurance? Yes No

If yes:

Other insured's name (policy holder) _____

Other insurance name _____ Other insurance plan name _____

Policy and/or group number _____

Address _____

Phone _____ Fax _____

Attorney Information (if applicable)

Attorney _____ Address _____

City _____ State _____ Zip Code _____

Phone number _____ Fax _____