 907-746-3270 810 S Colony Way, Palmer, Alaska 99645

**Billing Information**

**Patient Information**

Name: Date:

Address:

Phone: Email:

Gender: Marital Status: Date of birth:

Social Security Number: Date of injury:

Referring healthcare provider:

Phone: Email:

Address:

**Primary Care Insurance**: (e.g., Car insurance if auto accident, Health insurance if an illness, etc:)

Insurance Company: Phone:

Address:

Insurance ID#: Group #:

Name of insured (if other than you): Insured’s SSN:

Insured’s date of birth:

**Secondary Insurance Information (if applicable)**

Insurance Company: Phone:

Address:

Insurance ID#: Group #:

Name of insured (if other than you): Insured’s SSN:

Insured’s date of birth:

**Motor Vehicle Collision (Additional information is necessary if billing your car insurance)**

Auto collision in what state:

Job-related collision? Yes/No

PIP policy amount: Dates of coverage: PIP available:

MedPay policy amount: Dates of coverage: Medpay available:

Liablility policy amount: Dates of coverage: Liability available:

Attorney Name (if applicable): Date retained:

Phone: Fax: Email:

Address:

**Private Health Verification (Additional information is necessary if billing our health insurance)**

Does the insurance plan cover massage therapy? Yes/No

Does it cover massage therapy provided by a massage therapist (LMT, LMP, RMT, CMT, etc)? Yes/No

Does it cover massage therapy for this condition? ( ) Yes/No

Does the treatment have to be pre-authorized? Yes/No

What is the annual massage therapy benefit (# of visits or $ amount):

How much is remaining for this year?

Do the benefit amounts include PT, DC as well? Yes/No How much remains for this year?

What is the deductible? How much has been satisfied to date?

Is there a copay? Yes/No How much?

Does the massage/bodywork practitioner have to be a preferred/credentialed provider in the network? Yes/No

Is Elizabeth Lawton at Wild Iris Integrative Massage LLC a preferred provider? Yes/No

Are there out-of-network benefits available? Yes/No

If yes, what % is covered/what is the co-insurance payment?

What is the deductible for out-of-network care?

How much has been satisfied to date?