

INSURANCE SUMMARY

Movement Intelligence / Hallie Aldrich LMP

19001 Vashon Hwy SW Ste 208, Vashon 98070 600 First Ave Ste 418, Seattle 98104

PATIENT NAME: DOB: TODAY'S DATE:

Insurance Information

This insurance is Primary Secondary

Ins. Company Name:
Ins. Start date: reset date:

Insurance Type:
 Personal Employer Vehicle Accident date:

Subscriber is Self Spouse Parent/Guardian
Name (if not Self):
Employer:
City: Zip:

Patient ID/Claim ID: Prefix No.
Policy Group/FECA#:
Plan/Program Name:

Adjuster /Contact:
Phone:

Referring Provider Information

Provider Name:
 M.D. N.D. Chiropractor Acupuncturist PT/OT
NPI #:

Clinic Name:
Phone:
Address:
City: Zip:

OFFICE ONLY

Referral(s) on file? yes no
Date: Diagnosis codes:
Date: Diagnosis codes:
Date: Diagnosis codes:

Notes:

Benefit Information

Movement Intelligence is: In network Out of network

In Network

Copay \$: Co-Insurance: %

Deductible waived for massage: yes no
Deductible amt: Indiv Family
Deductible met:

Max Max visits=
Grouped with Nothing Chiro Acup PT
 Other:

Referral is: required not required
Pre-authorization is: required not required

Out of Network

Copay \$: Co-Insurance: %

Deductible waived for massage: yes no
Deductible amt: Indiv Family
Deductible met:

Max Max visits=
Grouped with Nothing Chiro Acup PT
 Other:

Referral is: required not required
Pre-authorization is: required not required

OFFICE ONLY

Send Claim via:
 Insurance co FCH Tivity/Wholehealth ASH
 Other:
 E-Submit: Company Name
Electronic #
 fax:
 Mail: Address