**Insurance Intake Form**

Date________________________

Client's Full Name_________________________________________________________________________________

Is your condition the result of an accident? Yes No
Was it: ______ A car accident? ______ A work injury? ______Other?

If so, in what state did the accident occur? _______________________________________________________

Client's relationship to the insured? _____Self _____Spouse _____Partner _____Child
____Other

Insured's Full Name_______________________________________________________________________________
Insured's Date of Birth____________________________________ Male__________ Female____________
Insured's Address_________________________________________________________________________________
City__________________________________________State_________Zip________________
Home phone____________________________________Cell Phone________________________________________
Work phone_____________________________________

Insurance Plan Name_______________________________________________________________________________
ID or Subscriber Number __________________________________________________________________________
Group Number______________________________________________________________________________________

**Assignment of Benefits Agreement**

I am responsible for all charges for all service provided. In the unfortunate event that my insurance company denies payment, or makes a partial payment, I am responsible for any balance due.

I authorize direct payment of medical benefits to my massage practitioner, Andrew Flojo for services billed.

**Release of Medical Records Agreement**

I authorize the release of medical records or other health care information, including intake forms, chart notes, reports, correspondences, billing statements, and other written information to my attorneys, healthcare providers, and insurance case managers, for the purpose of processing my claims.

By signing below, I give my consent to the above agreements.

_____________________________________________________________________________________________
Client Signature Date

_____________________________________________________________________________________________
Signature of parent or legal guardian if client is a minor Date