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## Client's Insurance Pre-Qualification Form

Date \_\_\_\_\_ Patient's Name \_\_\_\_\_

**Have this information completed prior to calling the insurance company.**

Patient's Home Phone \_\_\_\_\_ Married  Yes  No

Patient's Work Phone \_\_\_\_\_

Patient's Address \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's SSN \_\_\_\_\_ Insured's Date of Birth \_\_\_\_\_

Insurance Company \_\_\_\_\_

Adjuster's Name \_\_\_\_\_ Adjuster's Phone \_\_\_\_\_

Claim Number \_\_\_\_\_

Group or Policy No. \_\_\_\_\_

Diagnosis Codes \_\_\_\_\_

Referring Physician \_\_\_\_\_

Date of Accident \_\_\_\_\_

**Call and verify the following information with your insurance company**

Worker's Comp. \_\_\_\_\_  PIP \_\_\_\_\_

HMO \_\_\_\_\_  PPO \_\_\_\_\_

M/M \_\_\_\_\_  Self-Insured \_\_\_\_\_

Deductible and limits \_\_\_\_\_

Restrictions on policy \_\_\_\_\_

Insurance covers massage?  Yes  No

**Call Marty at (727) 392-9642 to schedule your appointment**

Called. Appointment scheduled for \_\_\_\_\_