

Rolfing Portland Oregon, LLC
MVA Insurance Intake Form

Please fill out this MVA Insurance Intake & Verification form and return it to our office PRIOR to your initial session.

New Client Information

Name:		Birth Date:	
Address:			
City:		State:	ZIP:
Primary Phone #:		Email:	

Auto Insurance Info

Name of Insurance Co:			
Address:			
Contact person:		Phone:	
Date of Contact:	Reference/Call #:		
Name of Insured:		Relation to client:	
Claim/Policy #:		Date of Injury:	
Referring Physician:		Phone:	
Attorney (if any):		Phone:	

Where should billing be submitted?

Address:
Fax:
Email:

NOTE: To bill Auto Insurance you **MUST** have a prescription for sessions from a Licensed Medical Provider. Rolfing® is considered Massage Therapy in the State of Oregon.

Authorization

I authorize the release of medical records necessary to process this claim. I authorize payment by insurance company be made directly to the provider of services. I understand the fees for services rendered will be billed directly to the above listed insurance company. I understand that **I will be billed and held responsible for any fees for any services unpaid or not covered by the insurance company.**

Print Name:	
Signature:	Date:

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