

Rocky Mountain
CORRECTIVE MASSAGE

MVA Information- must be completed before first appointment.

*We cannot accept settlement cases at this time. We are only able to bill for MedPay eligible cases. All other cases will need to be self pay.

Patient Name _____ Today's Date _____
Date of Birth _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
Were you in a car accident? Yes / No Date of accident _____

Please describe in detail _____

Insured Person

Name of Insured _____ Relationship to Patient _____
Date of Birth _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Insurance Information

(Your insurance company, not the other party's insurance regardless of who was at fault.)

Claim number _____
Auto insurance Company Name _____
Mailing Address _____
Payor ID _____
Adjustors Name and contact information _____
Do you have remaining billable Med Pay Benefits (please ask your adjustor if you aren't sure) _____

Referral Information

Regardless of whether your insurance requires it, you will need to have a referral from a medical provider that includes the ICD-10 diagnosis codes for the injuries you sustained.

Payment Agreement

Patient agrees that they will be responsible for all charges should their care not be covered by insurance or should their Med Pay balance become exhausted during care.

Signature _____