

Body of Work Wellness LLC

3220 NW 185th Ave., Suite 100, Portland, OR 97229 (503) 290-6636

Insurance Information

Name of primary insurance company: _____

Birthdate _____ Group Number: _____ ID Number:

Does your plan require a referral from your primary care provider? Yes / No

Does your plan require a preauthorization for services? Yes / No

Do you have a deductible? Yes / No Copay (if known) \$ _____

For auto accidents only:

Date of Accident: _____

Your Auto Ins. Co.: _____ Claim # _____

Adjuster's Name: _____ Adjuster's Tel #: _____

Are you receiving care for your injuries anywhere else? Where? _____

Financial Policy:

Body of Work Wellness, LLC will submit bills to your insurance company as a courtesy to you. **If your insurance company does not pay the bill within 60 days, or denies payment, you will be responsible for the amount owed.** Please verify your plan's coverage for massage therapy prior to coming to your appointment. Body of Work Wellness, LLC does not verify your benefits and cannot provide details of your plan. If your insurance company sends you payment, rather than sending it directly to Body of Work Wellness, you are responsible for transmitting payment to us. Medical massage is billed at \$40 per 15 minute unit and may be adjusted according to contracts and agreements between Body of Work Wellness, LLC and your insurance carrier.

Please sign to indicate you have read and understand the Financial Policy above:
