

sunstone

massage &

associates

9500

roosevelt way

northeast,

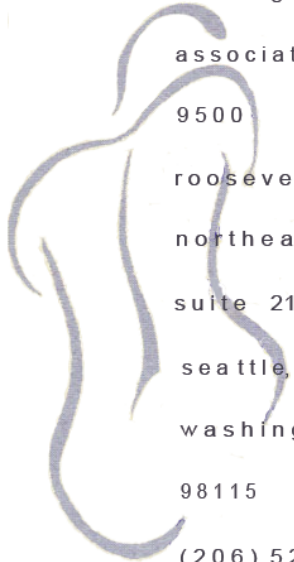
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washington

98115

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# Health Insurance Intake Form

*Andrea Munson, Licensed Massage Practitioner*

Please fill out this form if you have a health insurance claim.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Date \_\_\_\_\_

Date of Injury \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Physician's Phone \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Address for Claims \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I.D.# \_\_\_\_\_

Name of insured (if not yourself) \_\_\_\_\_

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

Insured's Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insured's Phone \_\_\_\_\_

Your Relationship to Insured \_\_\_\_ self \_\_\_\_ spouse/partner \_\_\_\_ child

Insured's Employer or School \_\_\_\_\_