Courtney Truax, LMT, NPI # 1104169317
460 5th St. Ste. E, Lake Oswego, OR 97034
www.bodyworkbycourtney.com
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Motor Vehicle Accident Claim - Insurance Information

Name:____
Last First MI

Address:______________________________Date of Birth:________________
Street City State Zip

Date of Accident:____________________ State of Accident:____________________

Primary Insurance

Insurance Company:_________________________Claim #:__________________

Insured's Name: ____
Last First MI

Insured's Address:____
Street City State Zip

Insured's Date of Birth:_______________ Client's Relationship to Insured:_______________

Claims Address:____
Street City State Zip

Claims Representative's Name:__________________Phone:__________Fax:__________

Secondary Insurance

Insurance Company:_________________________Claim #:__________________

Insured's Name: ____
Last First MI

Insured's Address:____
Street City State Zip

Insured's Date of Birth:_______________ Client's Relationship to Insured:_______________

Claims Address:____
Street City State Zip

Claims Representative's Name:__________________Phone:__________Fax:__________

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS CLAIMS. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE PROVIDER THAT RENDERED SERVICES.

Client Name:__________________Client Signature:__________________Date:________